
RMIT
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Family Violence
and Sexual Harm
Research Report 2023
What's next...

Front cover artwork: Valentine's Day by Helen Heydon, Dja Dja Warrung Country (Castlemaine, Victoria).

Acknowledgement of Country

RMIT University acknowledges the people of the Woiwurrung and Boon wurrung language groups of the eastern Kulin Nations on whose unceded lands we conduct the business of the University. RMIT University respectfully acknowledges their Ancestors and Elders, past and present.

RMIT also acknowledges the Traditional Custodians and their Ancestors of the lands and waters across Australia where we conduct our business.

Inside cover artwork: Luwaytini by Mark Cleaver, a proud Palawa person and RMIT Master of Human Resource Management student.

Dedication

We acknowledge the strength and resilience of adults, children and young people who have experienced family, domestic and sexual violence.

It is in their service that we endeavour to improve responses and, ultimately, to prevent the violence before it occurs.

We recognise the vital role of survivors for their advocacy, their courage, and their voice.

We dedicate this research to those who lost their lives as a result of this preventable violence.

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Professor Georgina Heydon
Dr Gemma Hamilton
Dr Alexandra Ridgway
Dr Lisa Harris

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VICTORIA State Government

family safety victoria

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For further information about the research please contact members of the RMIT research team directly.

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Executive Summary

Understanding sexual harm

Sexual harm in the context of family violence can include experiences such as: rape, sexual assault, sexual harassment, image based abuse, control of sexual health decision-making, and any other unwanted sexual behaviour, whether online or in person. While much national and international literature recognises the intersections of family violence and sexual harm, there is as yet little research and policy within Australia generally, or within the State of Victoria, that addresses the co-occurrence of family violence and sexual harm experienced by adult victim/survivors. This research begins to address this important evidence gap. It seeks to expand the knowledge base with respect to both the nature of victim survivor experiences of co-occurring family violence and sexual harm, as well as supporting improvement in effective service delivery within the family violence and sexual assault sectors.

Research aims and questions

The aims of this research project were to:

- Understand the lived experiences and support needs of victim survivors with co-occurring family and sexual violence victimisation;
- Inform improvement and increased collaboration between specialist family violence and specialist sexual assault sectors; and
- Identify barriers and enablers of effective practice for family, sexual and co-located services responding to family violence and sexual harm.

Methodology

To address the project aims and research questions, a mixed-method research design comprising three stages was conducted. Stage I comprised qualitative interviews with Victorian victim survivors of family violence and sexual harm; Stage II comprised qualitative interviews with Victorian family and sexual violence sector stakeholders; and Stage III comprised a quantitative survey of family and sexual violence sector workers. For all stages, institutional ethics approval was sought and granted by the RMIT University Human Research Ethics Committee.

Key Findings and Implications

When considered together, the qualitative victim survivor and stakeholder interviews, and larger stakeholder survey, highlight several considerations for understanding and guiding responses to co-occurring family violence and sexual harm in Victoria. The findings demonstrate the importance of understanding and responding to the:

- Lived experience and support needs of victim survivors of co-occuring family violence and sexual harm
- Need for improved collaboration between the family violence and sexual assault sectors, and
- Gaps in services as well as workforce development and training to address co-occuring family violence and sexual harm

Several key policy, practice and sector reform implications can be drawn from the research findings, as follows.

Responding to Family Violence and Sexual Harm

Victim survivors may take time to self-identify or to disclose sexual harm that they've experienced within family violence.

When victim survivors do disclose, responses need to reflect principles of trauma- informed practice such as believing them, allowing them to tell their story, and not judging or labelling their experience.

For some, sexual harm remains taboo and is difficult to talk about.

For others, significant trauma associated with sexual harm may be overwhelming to confront while they are also facing immediate safety needs in response to family violence.

Victim survivors can vary in their experiences of long-term impacts in the aftermath of co- occurring family violence and sexual harm. Among potential long-term impacts are: mental health impacts (e.g. depression, anxiety and post-traumatic stress disorder); physical reactions to the trauma (e.g. eating and sleeping disorders as well as obsessive compulsiveness); and relationship difficulties (e.g. loss of social support and reluctance to enter new intimate or sexual relationships).

"I needed to build myself up to be ready to face what's required to heal."
- Alma (VS3)

The Victorian Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework victim survivor assessment tool includes a question about forced sex - as this is a potential indicator of increased risk for violence towards a current or former partner. Sexual harm in the context of family violence however can encompass many other experiences that are not captured within a MARAM assessment. In addition to continued training to support family violence workers' administering of comprehensive risk assessments under MARAM; training and tools may be needed to support screening and referral to specialist services for sexual harm.

"[There needs to be] more systemic training across family violence services about how to recognise sexual assault and how to ask the questions ... how to feel comfortable talking about sexual assault."
- Stakeholder (SH9)

Sector responses to family violence encompass crisis support work with victim survivors to enhance their safety. These immediate crisis and support needs (such as financial, housing and legal support) are different from the longer-term therapeutic or counselling support that might be needed in the aftermath of sexual harm. Waitlists for such support are not currently meeting the needs of victim survivors. There needs to be greater recognition in policy and service delivery models that crisis support in response to family violence is not a replacement for therapeutic or counselling support for sexual harm or vice versa. These are specialist skill sets, and while some workers may be trained to deliver both these support needs, they require adequate funding, case load management, and service periods; regardless of whether they are delivered in co-located or coordinated service models.

"A lot of the other services that I needed, they just shut their doors."
- Bell (VS6)

Both victim survivors and stakeholders described the legal system as largely incapable of ensuring justice for sexual harm perpetrated by intimate partners. In family law, victim survivors frequently face parenting orders that compel interactions between victim and perpetrator which are retraumatising.

An Intersectional Approach to Family Violence and Sexual Harm

Some victim survivors and stakeholders interviewed for the research spoke about the additional barriers or taboos that can impact support and justice responses to family violence and sexual harm. Sector stakeholders further identified particular knowledge and workforce capacity gaps to address the specific needs of victim survivors with a disability, Aboriginal and Torres Strait Islander victims, culturally and linguistically diverse victims, LGBTIQ+ victims, elderly victims, as well as children and young people impacted by co- occurring family and sexual violence. There is a need to support workforce capability to respond to family violence and sexual harm as experienced by Victorians from diverse communities. This development should be supported by enhanced resourcing of, and collaboration with, specialist service providers.

"...given my [cultural] background there has always been this cultural conditioning to believe that if there is family violence, the onus stays with the woman, that she would have done something to bring on her partner's wrath."
- Henty (VS9)

Survivor Centred Practice in Relation to Family Violence and Sexual Harm

Family violence and sexual violence are often treated separately across the sector response, though there are some organisations within the sector that offer integrated services for victim survivors of both family violence and sexual assault. There will continue to be a need for specialist sexual assault services to provide therapeutic responses to sexual harm – not all of which intersects directly with family violence.

Likewise, sexual harm will not always be disclosed or identified within family violence risk assessment and crisis support – though many practitioners acknowledge that sexual harm is often present within family violence contexts.

Though there are different expertise, capabilities and responsibilities for Victorian practitioners within family violence and sexual assault services, there are also many common elements to effective and survivor centred practice.

More information can be found in both the MARAM Framework and the National Association of Services Against Sexual Violence (NASASV) Standards of Practice Manual for Services Against Sexual Violence.

Conclusion

Overall, this research identifies critical directions for reform for the Victorian family violence and sexual assault sectors to ensure services are sufficiently resourced to respond in a timely way to the short-term crisis needs, legal and justice needs, and long-term therapeutic needs of victim survivors of family violence and sexual harm.

Introduction

Nationally all Australian governments are committed to addressing the unacceptable rates of violence against women in our communities. The latest Personal Safety Survey indicates that one in five (20%) Australian women have experienced sexual assault since the age of 15 years, and 5.5% have experienced sexual threat (Australian Bureau of Statistics [ABS] 2023). Meanwhile, more than one in four (27%) Australian women have experienced violence, economic and/or emotional abuse by a cohabiting partner, including 17% who have experienced physical and/or sexual assault (ABS 2023). An earlier report also found that around 37% of sexual assaults occurred within family and/or domestic violence situations (ABS 2020). Hidden within these national statistics, however, are victim survivors who have experienced a broad range of sexual harms within the context of family violence.

We use the term sexual harm here, to include forms of sexual violence such as rape, sexual assault, sexual harassment, and image-based abuse; as well as other harmful behaviours such as control of a victim's sexual health, reproductive decision-making, and any other unwanted sexual behaviour, whether online or in person. Victim survivors may also comply with a partner's demands, such as to dress or behave in particular ways, due to feelings of obligation or fear.

Sexual harm within a family violence context can include: rape, sexual assault, sexual harassment, image based abuse, control of sexual health or reproductive decision-making, and any other unwanted sexual behaviour.

While national and international literature recognises the intersections of family violence and sexual harm, there is little research and policy within Australia, or within the State of Victoria, that addresses the co-occurrence of family violence and sexual harm experienced by adult victim survivors. Family Safety Victoria has identified sexual harm as a priority for the generation of new evidence to support responses to family violence within the state. This report presents the findings and key implications of research conducted with funding from Family Safety Victoria that begins to address this important evidence gap. The research project sought to expand the knowledge base with respect to both the nature of victim survivor experiences of co-occurring family violence and sexual harm, as well as supporting improvement in effective service delivery within the family violence and sexual assault sectors within Victoria. Though we acknowledge that sexual harm within the context of family violence can also include harm towards children and other family members, this research report is focused primarily on the experiences of adult victim survivors within a current or former intimate relationship. It is important to also recognise men's experiences of both sexual assault (5.1% since the age of 15) and partner violence (5.5% experiencing partner physical and/or sexual

There is little research within Australia that addresses the co-occurrence of family violence and sexual harm.

violence since the age of 15; ABS 2023). While some specialist men's services do exist, the majority of the case load for both sexual assault and family violence workers reflect the broader prevalence pattern of women's experience of these harms at approximately three to four times the rates of men's. This pattern was also reflected in this research with respect to both the experiences of workers and the victim survivors who participated. As such, this research report primarily focuses on women victim survivors of family violence and sexual harm.

The report proceeds as follows. In the remainder of this Introduction section, we first provide some background literature on the nature and problem of co-occurring family violence and sexual harm; as well as providing an overview of the research project aims and research questions. Next, in the Methodology section, we provide an account of the three-stage mixed methods project that we conducted, which comprised: (I) qualitative interviews with Victorian victim survivors, (II) Victorian family and sexual violence sector stakeholder consultations, and (III) a survey of Victorian family and sexual violence sector stakeholders. Then we present the findings of each of the three stages of the research in the Findings section, before further unpacking these in the Discussion and Implications section as well as identifying the study limitations and areas for future development. Finally, we draw together the overarching results and key implications of the research in the Conclusion.

This project sought to understand the experiences and support needs of adult victim survivors of co-occurring family violence and sexual harm, and to inform improvements in responses within Victoria.

Project Background

Research and sector expertise have long acknowledged that family violence and sexual harm co-occur, often within intimate partner relationships (commonly referred to in the literature as intimate partner sexual violence: IPSV). For victim survivors, their experience of sexual harm from an intimate partner may be accompanied by physical violence, psychological abuse and threats, as well as controlling, monitoring or stalking behaviours (Hamilton and Tidmarsh 2022). Various forms of abuse can work in combination "to develop and maintain an environment of fear and control to erode … self-worth" (Tarzia 2021:3). IPSV also has damaging effects which extend well beyond the physical, with victim survivors having elevated levels of suicidality and death by homicide (Barker et al. 2019) and increased likelihood of mental health concerns including post-traumatic stress disorder, depression, anxiety, and intergenerational trauma (Seyller et al. 2016;

Research and sector expertise have long acknowledged that family violence and sexual harm co-occur.

Temple et al. 2007). These occur in addition to increased sexual health risks such as HIV infection and other sexually transmitted infections (Stockman et al. 2013).

Despite the serious consequences of co-occurring family violence and sexual harm, there is a lack of literature examining the experiences and support needs of those who are victimised. Studies have traditionally concentrated on legal responses to forced sex in the context of marital rape (e.g., Featherstone 2017; Williamson 2017). It is only recently that we have started to see research focusing on broader definitions and experiences of sexual harm within violent relationships. For example, Bagwell-Gray and colleagues (2015; 2021) established a taxonomy of intimate partner sexual assault for use by researchers and practitioners to extend understandings of what constitutes sexual harm. This taxonomy captures a range of abusive behaviours from non-physical to physical including intimate partner sexual coercion, sexual assault, sexual abuse, and physically forced sexual activity. Using this taxonomy, Tarzia (2021) interviewed 38 Australian women to gain a deeper understanding of intimate partner sexual violence and its invisible impacts. This work made a much-needed contribution to understandings of this abuse within an Australian context while also highlighting the need for further research in the area, with Tarzia and Hegarty (2023:1301) stating, "there is still a long way to go before we truly understand this complex and hidden phenomenon."

It is only recently that research has started focusing on broader experiences of sexual harm within violent relationships.

Service responses for victim survivors of co-occurring family violence and sexual harm also require further attention. Support services are vital for identifying sexual harm within relationships and guiding victim survivors through processes of healing (Bergen and Bukovec 2006). Tailored services for women who have been sexually assaulted by a partner appear to be particularly important (Du Mont et al. 2017). Yet, it is clear that further research and training is needed to improve service delivery. For example, some research has found that frontline workers are reluctant to address sexual violence: "the discomfort with the topic of sex extended to service providers who enquired about physical or psychological abuse without addressing the sexual violence" (Tarzia 2021:14). Likewise, a recent report in Victoria found that practitioners lacked confidence in screening and assessing for intimate partner sexual violence, with recommendations for further training in this area (Helps et al. 2023).

Support services are vital for identifying sexual harm within relationships and guiding victim survivors through processes of healing.

Research has further considered whether collaborative, multidisciplinary and/or co-located support services are best suited for victim survivors of co-occurring family violence and sexual harm (Rizo et al. 2022). Some have advocated for these service models on the basis that they are more victim-centred (e.g., Powell and Cauchi 2013). Others have argued that unless all partnering services have

a similar orientation and/or training, there can be some hurdles in finding common ground (Herz et al. 2005). The importance of sexual assault agencies maintaining control over their services has also been considered essential for ensuring quality of care (Macy et al. 2010; O'Sullivan and Carlton 2001). There does not appear to be a one-size-fits all approach but rather the need for a "diverse menu" of options that "accept the complexity of these problems" (Hamilton and Tidmarsh 2022:105). Additionally, scholars have advocated for the development of programs and services that are trauma-informed, victim-centred, that move beyond crisis support to therapeutic care, and where staff are also provided with support to best perform their role (White et al. 2019; Zweig and Burt 2007).

Lastly, while much of the research above has investigated either the nature of co-occurring family violence and sexual harm or support system responses, other studies have sought to capture the interactions of victim survivors with the justice system. These have revealed gaps in justice responses which indicate that sexual assault by strangers is more likely to be viewed seriously and proceed through the criminal justice system than cases where acquaintances or intimate partners perpetrate the abuse (Bright et al. 2021; Spohn and Tellis 2012). As a result, victim survivors of intimate partner sexual harm are often reluctant to report the offending, with only the most serious incidents reported (Cox 2015). Victim survivors who have taken this step have often found themselves heavily scrutinised by police and prosecutors (Spohn and Holleran 2001). Research in this space has pointed to significant gaps in addressing the justice needs of victim survivors of co-occurring family violence and sexual harm. This manifests both in the barriers they face to reporting these offences as well as the challenges posed for those who wish to seek justice for their victimisation.

Research has pointed to significant gaps in addressing the needs of victim survivors of co-occurring family violence and sexual harm.

Project Aims

In light of the identified knowledge gaps, the aims of this research project were to:

(i) Understand the lived experiences and support needs of victim survivors with co-occurring family violence and sexual harm victimisation;

(ii) Inform improvement and increased collaboration between specialist family violence and specialist sexual assault sectors; and

(iii) Identify barriers and enablers of effective practice for family, sexual and co-located services responding to victim survivors with co-occurring victimisation, including resource, training and development needs.

This research project was designed to specifically address the knowledge gap concerning victim survivor experiences in Victoria. It was funded by Family Safety Victoria (State Government of Victoria), as a small, 12-month exploratory project, under the *Family Violence Research Program 2021-2024*. As such, the project sought to expand the limited evidence base with respect to both the nature of victim survivor experiences of co-occurring family violence and sexual harm, as well as identifying potential areas for improvement in effective service delivery. It did this through a three-staged mixed-methods research design that incorporated the knowledge of victim survivors with lived experience of co-occurring family violence and sexual harm, as well as qualitative and quantitative consultation with family and sexual violence service sector stakeholders.

The project addressed the following research questions:

> (a) What is the nature of support experiences and service needs for victim survivors with co-occurring family violence and sexual harm victimisation?
>
> (b) What are the features of effective practice, and collaboration, between specialist family violence and specialist sexual assault sectors?
>
> (c) What are the barriers and enablers of effective practice for family, sexual and co-located services responding to victim survivors with co-occurring victimisation, and what gaps in resource, training and/or development exist?

In the next section, we present the methodology used to address these research questions, before presenting the findings, discussion and recommendations in subsequent sections.

Methodology

As identified in the project introduction and background, there remain pressing gaps in current knowledge regarding the experiences of victim survivors with co-occurring family and sexual violence victimisation, and the barriers and enablers of effective practice for sector services engaged in responding in the Victorian context. This project addresses this knowledge gap, with an overarching aim to understand the lived experiences and support needs of victim survivors with co-occurring family and sexual violence victimisation; to identify sector worker needs, and to inform improvements in sector responses. The research was conducted by a team made up of white, highly educated, cis gender women; though the members were, in other ways, diverse. In addition to being highly cross-disciplinary with academic backgrounds in criminology, psychology, linguistics, sociology, social work and law, they also carried with them various other professional and personal experiences. Importantly, there was lived experience of family violence and sexual harm within the team, meaning that victim survivors were involved in both the project design and research implementation phases.

Furthermore, some of the team members had previously worked professionally in family violence services which allowed them to bring practical sector knowledge to the study.

To address the project aims and research questions, a mixed-method research design comprising three stages was conducted. Stage I comprised qualitative in-depth interviews with Victorian victim survivors of family violence and sexual harm; Stage II comprised qualitative interview consultations with Victorian family and sexual violence sector stakeholders; and Stage III comprised a quantitative survey of family and sexual violence sector stakeholders. For all stages, institutional ethics approval was sought and granted by the RMIT University Human Research Ethics Committee. Further details of each of these research stages follows below.

The research comprised three stages: I) interviews with victim survivors; II) consultations with sector stakeholders; and III) a survey of sector stakeholders.

Stage I: In-depth interviews with victim survivors

Procedure and participants

Participants were recruited through social media advertisements (public posts on LinkedIn and via paid Facebook advertising using a project group page). While we recognise that using these platforms for recruitment purposes limits research participation to those who use social media, we nevertheless agree with others that this technique allows for engagement with a wide variety of participants (Darko et al., 2022) with the diversity of our small sample affirming this. We also consider the approach to be beneficial for recruiting hard to reach participants, including those who are disconnected from the support sector either by choice or due to access barriers.

Inclusion criteria required that participants were aged 18 years and over; had sought support in Victoria for family violence and sexual harm anytime in the last five years prior to July 2022; and not currently involved in legal proceedings in relation to their experience. The final sample comprised 11 victim survivors of family violence and sexual harm. All participants identified as women and were aged between 32 to 54. Nine described their sexuality as straight/heterosexual, one as bisexual, and one as asexual. Participants also described their racial backgrounds and identities as Australian Asian (one), British Australian (one), Australian Greek (one), Aboriginal (one), European Australian (one), Caucasian/white (four), Pakistani (one), and Indian Australian (one).

The individual qualitative interviews were conducted between August and November 2022 by members of the research team and ranged from 31 to 103 minutes (*Mean* = 57 minutes). Nine interviews were conducted online using Microsoft Teams, one interview was conducted via

telephone, and one interview was conducted in-person to accommodate participant preferences. Interviews were semi-structured with open-ended questions focusing on participants' backgrounds, the nature and impacts of abuse, and their experiences of seeking support, both within social service and criminal justice contexts. At the end of the interview, participants received a $100 digital gift card as some reimbursement for their time and insights which, as per our ethical guidelines, they had been informed about prior to agreeing to participate. Importantly, the interviews were informed by feminist ethical interview guidelines, which prioritised victim survivor safety and respect throughout the research process (e.g., Campbell et al. 2009). In line with this approach, all participants were provided with the opportunity to receive a follow-up phone call and debriefing. No participants requested for this to occur.

Data analysis

With written consent, interviews were audio-recorded, transcribed, and de-identified. Participants were given the opportunity to review the transcript and return any amendments within a two-week period. All interview transcripts were thematically analysed. The researchers adopted a codebook approach to thematic analysis (Braun and Clark 2021a), whereby topic summaries were mapped as early themes, and further refined through active reflection, discussion, and interpretation by the research team. Themes were demarcated by their significance foremost to research question (a): *What is the nature of support experiences and service needs for victim survivors with co-occurring family and sexual violence victimisation?* Whilst also noting relevance to elements of research question (b) regarding effective practice between family violence and sexual assault sectors.

Stage II: Interview consultations with sector stakeholders

Procedure and participants

Victorian stakeholders were invited to take part in an individual interview if they had professional experience working in either the family violence and/or sexual violence support sector. They were identified and contacted through their organisation, based on a combination of publicly available information and professional networks of the research team, with efforts made to send invitations to a cross-section of services across Victorian regions, domestic violence, sexual violence, and specialist community services (such as Aboriginal, LGBTIQ+, disability and culturally and linguistically diverse (CALD) services), though we acknowledge there are limitations to an opt-in invitation for such a small sample. This resulted in a final sample of 11 stakeholders: five specialist family violence case workers (including one at an Aboriginal support service), three sexual assault counsellor advocates, one family violence refuge team leader, one social worker at an LGBTIQ+ organisation, and one

community engagement facilitator and healing therapist. Professional experience in the family and/or sexual violence sector ranged from 3 to 40 years (*Mean* = 11.5 years). No further details are provided to maintain the confidentiality of participants.

Following university ethics approval, interviews were conducted online by one of the research team between August and November 2022. Interviews were semi-structured and ranged from 25 minutes to 1 hour (*Mean* = 52 minutes). The main areas of inquiry related to the stakeholder's professional background; the nature of sexual harm in family violence contexts and how it is disclosed; perceived impacts on victim survivors; support and justice needs of victim survivors; and the barriers and enablers of effective responses and collaboration. Participants were prompted to give non-identifiable examples to illustrate key issues and practices.

Data analysis

With individual consent, interviews were audio-recorded, transcribed, and de-identified. Using a manual coding process, interviews were initially read and thematically analysed by one of the researchers. The data analysis followed the same codebook approach as the victim survivor interviews described above (see also Braun and Clark 2021a). Themes were latent, analyst-driven, and defined by their significance to research questions (a) and (b), namely: *What is the nature of support experiences and service needs for victim survivors with co-occurring family and sexual violence victimisation? And, What are the features of effective practice, and collaboration, between specialist family violence and specialist sexual assault sectors?* Codebook approaches to thematic analysis are well suited to applied research projects where there are fixed deadlines and pre-determined information needs (Braun and Clark 2021b).

Stage III: Quantitative sector survey

Procedure and participants

For this stage a quantitative survey was developed to further investigate the barriers and enablers of effective practice from the perspectives of family violence, sexual violence, specialist diversity, and co-located family and sexual violence services practitioners, as well as to inform improvements in responses. The final survey instrument comprised five question modules, including: (i) professional career experience; (ii) perceptions of the frequency and nature of sexual harm in family violence; (iii) adequacy of support, legal and policy responses to family violence and sexual harm; (iv) worker confidence in training and resource needs to respond to family violence and sexual harm; and (v) remaining participant demographics. The survey was developed using the Qualtrics survey software platform, a secure survey provider. It involved a 15-minute survey that was completed via a web link

distributed through email and social media. This enabled participants to complete the survey completely anonymously.

The in-scope service sector organisations for the study sample comprised Victorian family and/or sexual assault services, as well as specialist diversity support services (such as for people with disability, LGBTQ+ and intersex communities, CALD groups and Aboriginal and Torres Strait Islander communities). Electronic recruitment entailed a combination of direct email invitations to services, sector newsletter advertising, sector network emails and social media word-of-mouth circulation. A total of 183 direct electronic invitations were sent to key services via both individual and organisational contacts, identified from a combination of web searches of service providers, specialist diverse community services, and family and sexual violence-specific services. Additional distribution also took place via newsletters and social media. As such, the report is based on a non-probability (non-representative) sample, but nonetheless is reflective of consultation with a substantial number of Victorian family and sexual violence sector stakeholders.

The survey received 127 responses throughout November to December, 2022, representing a maximal response rate of 69.4% using the number of direct email invitations as the denominator. Some participants did not fully complete the demographics section at the end of the survey and missed some items in the survey modules. Responses with more than 50% missing data were removed, resulting in a final sample of 95. Participants might have abandoned the survey for multiple reasons (e.g., interruption during work, disinterest, or lack of knowledge in the survey content). Removing a substantial number of incomplete responses might have impacted the nature of the results. Nevertheless, we decided that keeping the more complete responses was important for gaining the most rich and relevant responses. This was important given our aim was to complete a descriptive and qualitative analysis of the responses, rather than a statistical inferential analysis.

The final sample comprised 63 women, 4 men, 1 trans man, 3 non-binary/third gender, with the rest not stating their gender. Participants were aged between 22-65 years of age (M=42). The majority had an undergraduate degree (41%) or postgraduate degree (54%), largely with qualifications in social work (47%), psychology (11%), human and community services (8%), law (7%) and criminology (1%).

Most survey participants worked in Melbourne (61%), while the rest worked in other Victorian cities (12%), regional towns (23%), rural and remote areas (4%, see Figure 1). Participants largely identified their organisation as a domestic and family violence service (46%), sexual assault service (24%), legal service (16%), or health service (13%), followed by more specialised services such as housing and homelessness (5%), Aboriginal and Torres Strait Islander (4%), multicultural (2%), LGBTIQ+ (3%), and/or disability services (2%). Participants also described broader organisation types such as local government, schools, family support, and community-based services (18%). Participants could select

multiple categories to reflect the varied nature of services provided by an organisation.

Figure 1: Worker locations

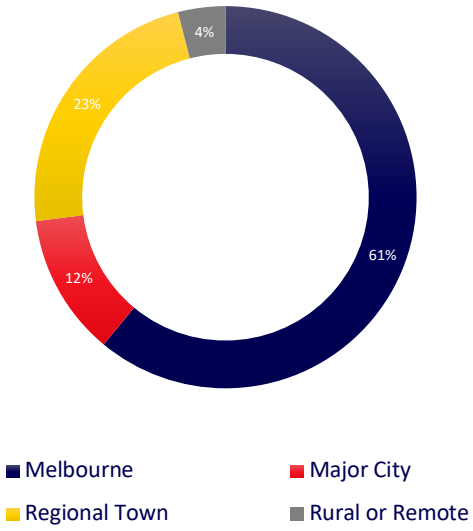
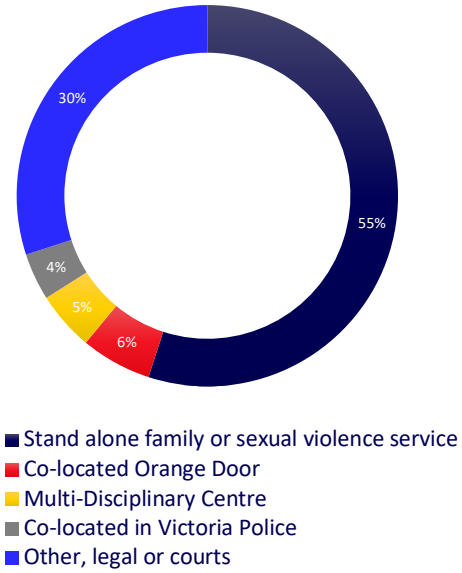


Figure 2: Work settings



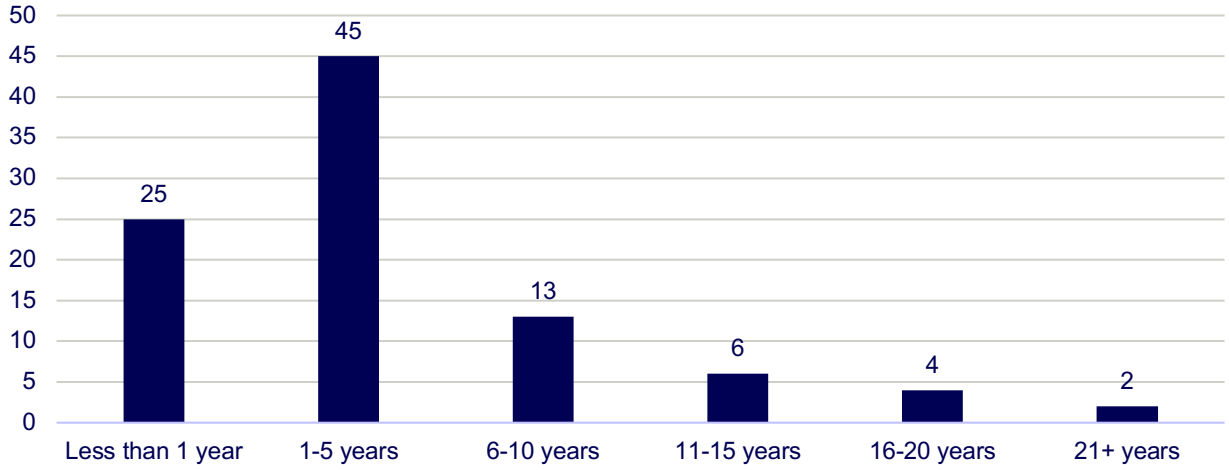
Regarding work settings, many survey participants worked in a separate or stand-alone service (55%), while others worked in an Orange Door co-located family violence service (6%), a Multi-Disciplinary Centre for sexual assault (5%) or worked as a family or sexual violence worker co-located with Victoria Police (4%). The remainder (30%) selected 'other', which they specified as involving legal or court settings (see Figure 2 above).

Participants selected a range of roles that they engaged in: generalist intake and assessment (12%), generalist case work and support (19%), family violence intake and assessment (20%), family violence case work and support (23%), sexual assault intake and assessment (8%), sexual assault case work and support (12%), integrated specialist family violence and sexual assault intake and assessment (5%), and integrated specialist family violence and sexual assault case work and support (8%), and other (41%), with responses largely specifying 'lawyer'.

Almost half (47%) had been working in their current role for one to five years, while just over a quarter (26%) had been working in their current role for less than one year (see Figure 3 below).

Supporting victim survivors of family violence was the main focus of roles for 46% of surveyed stakeholders, and a small part of roles for 41%. This compared to supporting victim survivors of sexual violence, with 33% indicating it was the main focus of their role and 50% indicating it was a small part of their role. The remaining stakeholders did not work directly with victim survivors of family and/or sexual violence.

Figure 3: Length of time in current role



Note. Figure 3 depicts number of respondents for each category (n= 95 in total).

Most surveyed stakeholders were familiar with and used the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework in their work (58%). Only 9% had little awareness of how the MARAM might apply to their work, and 33% did not refer to MARAM in their role but were aware that others in their service did. 82% of responses indicated that respondents had received MARAM training or were planning to undertake training. These types of responses could be identified based on multi-select fields.

Data analysis

Descriptive statistical analysis was undertaken using IBM SPSS (version 28) to report on frequency of responses. Due to the small, non-representative nature of the sample, inferential analyses were not conducted. Additional thematic analysis was conducted on open qualitative questions throughout the survey in order to identify key and recurring issues, concerns, challenges and recommendations identified by practitioner participants. Analyses sought to address research question (c): *What are the barriers and enablers of effective practice for family, sexual and co-located services responding to victim survivors with co-occurring victimisation, and what gaps in resource, training and/or development exist?* In the next section, we present the key findings of the research across firstly the

qualitative interviews from Stages I and II, and then the quantitative findings from the Stage III sector survey.

Research Findings

This section of the report presents the key findings of both the qualitative and quantitative components of the research project: semi-structured, in-depth interviews with victim survivors (n=11), and consultative interviews with sector stakeholders (n=11); as well as the sector-wide survey with family violence, sexual assault and allied services (n=95). In reporting on the co-occurrence of family violence and sexual harm, this section describes the findings according to the following over-arching themes:

- the nature of sexual harm within a family violence context;
- impacts that these combined forms of harm have on victim survivors;
- support needs of victim survivors including barriers and enablers of effective practice;
- experiences and service needs of victim survivors from diverse populations; and
- justice and legal needs of victim survivors of family violence and sexual harm including barriers and enablers.

Findings from the qualitative interviews are presented first before turning to the results from sector-wide survey.

Stages I and II: Qualitative Interviews

Nature of sexual harm within a family violence context

For the interviewed victim survivors and sector stakeholders, sexual harm within a family violence context was predominantly understood as unwanted sexual activities occurring within an intimate partner arrangement, most often a marriage. For some interviewees, however, other forms of sexual harm such as child sexual abuse between an adult family member and child, and/or between siblings, were also identified, with the intergenerational nature of sexual abuse being noted. As explained by one stakeholder, “people that had experienced probably the most significant amount of trauma as an adult in relation to family violence, often had sexual assault experience in that relationship, but they often had that kind of stuff happen early in life as well” (SH6). The findings in this report mostly pertain, however, to the first type: intimate partner sexual harm. Nevertheless, we do, on some occasions, discuss other relationships in which sexual harm arose.

Defining sexual harm in a family violence context

There was a clear consensus among interviewed victim survivors and sector stakeholders that intimate partner sexual harm was a form of family violence which was more widely experienced than it was reported. Part of the reason for this was that identifying, and defining, these forms of behaviour posed difficulties for victim survivors. Views of sexual assault, and rape specifically, as taking place between a victim and stranger worked to cloud victim survivor recognition of acts between intimate partners as being classifiable as either sexual assault or rape. As explained by one of the sexual assault workers interviewed, there is "this assumption of sexual violence happening over there, down the alley, with a strange man" (SH1). These preconceived ideas of sexual assault as occurring between parties who are not already involved in an intimate relationship could be seen in how interviewees described and differentiated their experiences from those that they would ordinarily consider sexual assault and/or rape. As one victim survivor described, "[There was] physical touching that was demanded, even though it didn't always lead to sex … I hated it" (VS6). As another explained, "I wasn't raped or anything like that, but I certainly was manipulated and guilted into it, doing things that I didn't want to … its being guilted into looking a certain way, into acting a certain way, into doing certain things" (VS7).

"[There was] physical touching that was demanded, even though it didn't always lead to sex … I hated it." (VS6)

The role of stereotypes in casting doubt over victim survivors' own experiences and where these belonged in understandings of sexual harm could be seen in how some argued that their experience, whilst involving unwanted and undesirable sexual interactions, was not sexual assault as it was not physically forced. Being pressured into agreeing to particular sexual acts, or to participate in sexual activity more often than desired, did not easily correlate with what a victim survivor regarded as sexual harm, despite these types of unwanted sexual behaviour being widely accepted by sector workers as non-consensual.

The role of specific incidents

In fact, for some of the victim survivors, it was in facing an incident which they could more easily characterise as an assault, that they were able define their family violence experience as involving sexual harm. For one victim survivor this involved a radical change after her husband was diagnosed with a health condition which affected his brain, a change which caused him to engage with sex more aggressively, including by being physically violent. For this victim survivor, it was the stark contrast between her husband's

"From the very beginning to the very end, sex was a power tool. It wasn't about pleasure; it wasn't about exploration or a sign of love or any of that; it was a power tool, a sense of entitlement." (VS3)

behaviour before and after his health changed which made clear that she was being subjected to sexual harm. For another victim survivor, the experience of a particular incident of sexual assault made the sexual harm that she had experienced across the relationship more apparent: "From the very beginning to the very end, sex was a power tool. It wasn't about pleasure; it wasn't about exploration or a sign of love or any of that; it was a power tool, a sense of entitlement" (VS3).

Other events which acted as clarification for victim survivors of their subjection to sexual violence included: forced sexual acts in an otherwise largely non-sexual relationship; being made to engage in sex during their period and/or immediately after giving birth; waking to sexual behaviour being imposed upon them mid-sleep; and learning that they were sexually assaulted whilst asleep (most likely due to being drugged). The role of these traumatic experiences in shedding light on the way sexual harm was a part of the family violence was not only identified by victim survivors themselves. Interviewed service providers also pointed out how it was often through the occurrence of certain incidents, usually highly aggressive, violent, unexpected and/or injurious events, that victim survivors could independently pinpoint the existence of sexual harm in their relationship.

Identifying intimate partner sexual harm

Where the sexual harm was less obvious, sexual assault and family violence providers played a key role in assisting victim survivors to identify these behaviours as being tools of power and control used to coerce them to comply with the perpetrator's demands. Techniques used by providers to support identification and disclosure of sexual harm are further detailed in the section on victim survivor support needs below. Other forms of family violence, whether physical, financial, emotional, verbal, psychological or the destruction to property, were often easier for victim survivors to identify. Sexual harm was described as taking longer to name, both due to difficulties in detecting it but also the shame involved in speaking about it with others. While disentangling these harms from one another was key to seeing the various ways in which perpetration occurred, it was also essential to see how they interconnected. As one sexual assault worker explained during their interview, "they are part of the same harm, whether it is sexual harm or power abuse or gendered harm, they meld into one another" (SH3).

"they are part of the same harm, whether it is sexual harm or power abuse or gendered harm, they meld into one another." (SH3)

Beyond Force: Different forms of intimate partner sexual harm

In the context of intimate partner violence, sexual consent frequently became blurred. While some victim survivors described having 'agreed' or 'complied' with a partner's sexual requests, this is not

equivalent to the 'free agreement' of consent under Victorian law. Decisions to engage with sexual acts or accept sexual behaviours from a partner were not always undertaken out of desire, or as ways to express their sexual agency and autonomy. Rather, victim survivors were frequently seen to agree to these acts with the aim of placating a violent partner or as a mechanism for preventing other forms of abuse from taking place. As one stakeholder described: "if you've never had an opportunity to express your sexuality in positive or joyful or autonomous ways, what even is consent?" (SH10). In some contexts, then, a person's sexual autonomy and in turn sexual consent had been eroded through their victimisation.

> "These guys are not used to hearing 'no'… they felt they had a right, even if they'd been treating me like dirt all day long, they still had a 'right'." (VS1)

Importantly, sexually harmful behaviours were not restricted to forced or coerced sexual engagement. In some circumstances, it was not the physical acts themselves which were the most damaging, but the verbal abuse that targeted the victim survivor as sexual object, such as being described in derogatory terms, for example, "degrading language like 'you're a whore'" (VS5). Included in descriptions of sexually harmful behaviour were also those acts in which the victim survivors' body was controlled for sexual or reproductive purposes. This included when the victim survivor was made to diet or dress a certain way; being denied medication to make sure they were physically able to have sex; and being compelled to participate in multiple (sometimes back-to-back) pregnancies. In fact, in some cases it was the denial of intimacy in any form which was used as a strategy to punish, with one victim survivor explaining how her pleas for a hug were rebuffed because she had previously refused to have sex.

Impacts of family violence and sexual harm on victim survivors

Victim survivors who experienced co-occurring sexual harm and family violence were significantly impacted by the abuse, with the violence having traumatising effects. In fact, some of the interviewed stakeholders argued that victim survivors who had been subjected to sexual abuse were more likely to be traumatised than those who experienced family violence in which sexual harm did not feature. This trauma was also more likely to be long-lasting with one victim survivor explaining that "it [the abuse] takes everything over … it's not an overnight fix" (VS3).

Mental health impacts

The mental health impacts of family violence featuring sexual harm could be seen throughout both stakeholder and victim survivor accounts, with diagnoses of depression, anxiety, and PTSD were

commonly mentioned, along with suicidal ideation. A number of victim survivors spoke of struggling with their complex mental health situation for years after the relationship had ceased and, even when they felt they had recovered, the trauma could still be easily reawakened. As one victim survivor explained, "I am four years out now and I'm still not healed from it. I've been diagnosed with PTSD, from him. I'm trying to heal my life. On the surface, it probably looks like I'm pretty OK but emotionally, he has destroyed me" (VS7). This same victim survivor found herself by the age of fifty on five prescription medications, all for stress related conditions. While the victimisation had itself damaged the mental health of victim survivors, these concerns were also seen, in some cases, to worsen after exiting the relationship. Periods of waiting, whether for support services or in relation to legal matters, had the potential to exacerbate mental health problems with one stakeholder explaining that, "for a lot of them [the victim survivors], because they are living in anxiety and in a post-traumatic state, that stagnancy just creates anxiety for them" (SH5).

"I am four years out now and I'm still not healed from it. I've been diagnosed with PTSD… emotionally, he has destroyed me." (VS7)

Physical reactions and effects

The mental health impacts were not only experienced psychologically but also presented themselves physically, such as through eating disorders, sleep disturbances, obsessive behaviours, and other reactions (such as shaking and vomiting). One victim survivor ate and slept so little that she dropped from 70 to 42 kilograms, describing her appearance as emaciated (VS8). For this woman, the loss of weight was not only a concern in terms of her health but also in how she felt she was perceived by others, a worry which only intensified her already heightened levels of anxiety. Her weight loss coincided with her court case, and she was concerned that it influenced the way she was viewed as a mother, especially in comparison to her clean-cut, well-presented husband who appeared the epitome of good health.

Other physical reactions could be seen in the night terrors that some women experienced, a reflection of their heightened experiences of anxiety at that time of day. For example, the family violence refuge worker interviewed spoke of the challenges that the dark of night brought for victim survivors of sexual violence in particular, and the importance of ensuring that support was available for them overnight. Some victim survivors echoed these needs when speaking about the importance of teleservices being available after hours.

Ongoing physical effects of the co-occurring sexual harm and family violence could also be observed in the bodily damage caused by the abuse. One of the victim survivors had been left with a permanent disability which caused difficulties for her in sitting and walking. Another, who had been sexually assaulted soon after giving birth, was left with permanent vaginal damage, described by her as a

form of mutilation ("he just ripped me apart", VS8). Such physical damage affected the women's day to day functioning, and even had the potential to shorten their life spans. One interviewed stakeholder explained how strangulation during sexual assault had left her client with persistent breathing issues, heart concerns and impaired brain functioning. The interviewed stakeholder went on to contend that one of the limitations of the support system under the MARAM Framework was that its focus was on victim survivor risk of homicide when it would be better to consider their risks of death more broadly: "so, imminent risk, they're looking for murder, but women are dying of disease and heart attacks … other women might just kill themselves… there's other, many, plenty of other ways to die" (SH3). While the intention of the MARAM is to determine risk of homicide or serious injury at the time of the victim survivor's assessment, the stakeholder's comment is nevertheless important in how it highlights a gap in the system for identifying and providing support for other, more long-term risk factors. These physical consequences of the harm pointed to the need for victim survivors to have access to not only ongoing psychological care but also physical therapy or support.

Impacts on relationships

The impact of histories of sexual violence could be seen not only in the victim survivors' daily functioning, but also in how they engaged with, or thought about, relationships with others. Lack of support from family and/or friends after disclosures of sexual harm resulted in diminished trust which impacted their decisions about opening up about the harm further, whether to support services or by way of the justice system. One victim survivor explained that, in addition to her being considered a "drama queen" (SH8) rather than a genuine victim, her support network also distanced itself, isolating her and exacerbating her feelings towards self-harm.

"the trauma actually sits in the body, and it affects their capacity for any kind of intimacy." (SH1)

Relationships of the past were not the only ones affected. Victim survivors also faced challenges in trusting new people after the victimisation took place. This, stakeholders argued, was often due to the way in which sexual trauma remained ingrained in a person at a physical level, especially if they had not received any specialist sexual assault counselling: "I think it's really devastating because the trauma actually sits in the body, and it affects their capacity for any kind of intimacy" (SH1). This meant that, for some victim survivors, even a platonic touch, like a hand on a shoulder by a caseworker, could cause them to react. Caseworkers thus had to tread careful in how they engaged with clients both emotionally but also in terms of physical gestures and use of space. For victim survivors to be able to heal, they needed the breathing space to do so both emotionally and physically speaking.

The formation of new intimate and/or sexual relationships was a territory which often held even more difficulties for victim survivors. As one described, "this is going to affect other relationships in my life" (VS11). Stakeholders too explained how co-occurring sexual and family violence could be differentiated from other forms of family violence in the way it "carries over into other relationships" (SH5). With this in mind, they argued strongly for the need to make specialised counselling available for those victim survivors who were interested in dating again or in starting up a new relationship. Even if a romantic relationship seemed to be going well, this could be derailed by events which might seem innocuous to others but were deeply triggering for victim survivors. Examples which were offered by participants included any kind of touching or seeing someone in a state of undress. Thus, specialist support by sexual assault counsellors was considered necessary not only in preparing victim survivors to be able to enter a new relationship but also as the relationship developed so that they could be supported through particularly triggering events or experiences.

> "It was really helpful to see a specialist counsellor because she gave me a lot of insight…it really helped me a lot…a downside is that it was limited to six [sessions]. There was no option to continue." (VS11)

Redefining sexuality after victimisation

When the victim survivors we interviewed were asked to define their sexuality, some chose to describe it in terms which highlighted how their traumatic histories had dissuaded them from any further sexual engagement. Descriptions included asexual, non-sexual or, in the words of one, "nothing at all ever again at this point" (VS1) and another as, "heterosexual but too damaged to get into another relationship" (VS7). Importantly too, while some stakeholders argued that victim survivors either entered a new relationship very quickly or not for a very long time (if at all), in the case of those we interviewed only one out of the eleven women had remarried and while two others had re-partnered, they both described their situations as complicated. The remaining eight had remained single with many consciously choosing this path.

Experiences of positive change

While the question of the impacts of co-occurring sexual harm and family violence prompted most of the interviewees to emphasise negative effects, one interviewed stakeholder argued for the importance of viewing the situation through a strengths-based lens. Although the harm the victim survivors had undergone should not be overlooked or underplayed, this interviewee stressed the importance of seeing how the abuse could be transformed by victim survivors where they would "turn that [the abuse] into something, which is kind of healing" (SH6). One example offered was how some used motherhood as a space where they could bring about intergenerational change. It was

important, therefore, to not only pay attention to the harmful parts of victim survivor stories but also those which pertained to recovery for it was within the latter that their survivorship could be seen at play.

Support needs of victim survivors of family violence and sexual harm

When initially reaching out for support, some victim survivors chose to contact relationship counsellors as their first port of call. The goal here was to try and maintain the relationship, however the existence of violence often made this an impossibility. As one woman explained, "it was quite frustrating to be told that, because I'm telling them he's violent, that it's not safe for us to do couples counselling" (VS2). Often health services were next in line; in fact, for some, they were the only avenue through which the woman could reach out for family violence support safely without her partner's presence. Seeking assistance through maternal and child health care channels also often occurred, with the imminent or recent arrival of a child regularly prompting these women to seek support to ensure the mutual safety of themselves and their children. While some health workers were reported to be excellent at referring victim survivors to specialised services, other interviewees found that health workers either avoided the subject or were uninformed about the supports available. This led to several victim survivors proposing that greater training of health workers on how to best support victim survivors of family violence was sorely needed, including those subjected to co-occurring family violence and sexual harm. Health workers were thus seen as pivotal for connecting victim survivors with the specialist care they needed, whether this be through family violence or sexual assault services.

> "it was quite frustrating to be told that, because he's violent, that it's not safe for us to do couples counselling." (VS2)

Challenges of disclosure

When discussing the support needs of victim survivors, both family violence and sexual assault workers frequently spoke of the challenges of sexual harm disclosure. Partly this was due to the problems victim survivors faced in identifying that they had been subject-ed to sexual harm, but these difficulties were also seen as owing to the nature of help-seeking in circumstances of family violence.

Interviewed stakeholders explained how victim survivors tended to be in a state of crisis when initially engaging with the system, focused first and foremost on surviving and fulfilling their essential needs in the areas of personal safety, housing, and finances. As a result, this early point of engagement with the sector was often not the right time for victim survivors to engage in the therapeutic work needed

> "some women are not wanting to pick through it [the sexual harm] yet because, when I am working with them, it's a lot of practical work to get her and her children safe from family violence." (SH4)

for unpacking experiences of sexual harm. As one family violence worker explained during their interview, "some women are not wanting to pick through it (the sexual harm) yet because, when I am working with them, it's a lot of practical work to get her and her children safe from family violence" (SH4).

Processes of assessment

While providing therapeutic support for the victim survivors' sexual harm was considered vital for healing, the importance of waiting for the right time for this therapy to begin was strongly emphasised. Nevertheless, services were still committed to exploring the existence of sexual harm during the initial assessment stage, with this being essential to understanding the victim survivors' circumstances from a safety perspective. Interviewed stakeholders were fully aware that sexual assault of the victim was considered a significant risk factor, including for homicide and serious injury, and thus played a crucial part of the MARAM assessment. Stakeholders were thus required by MARAM to ask whether the perpetrator "forced you (*the victim survivor*) to have sex or participate in sexual acts when you did not wish to do so?" Stakeholders knew that, despite the difficulties of raising such a question, it was not one to be avoided; it was an essential part of their "duty of care" (SH3). They were, however, careful in how they approached the subject, aware that the topic was one which was often shrouded in shame and secrecy. Different techniques were used to broach the subject of sexual harm with family violence victim survivors, with some interviewed stakeholders choosing to cover that topic last after some rapport had been built. There was consensus that asking the question directly was not effective in identifying sexual harm or forging a trusting relationship between worker and client. Instead, some interviewed stakeholders insisted that the topic needed to be approached "gently" (SH7) and "conversationally" (SH9), with the goal being to ensure that victim survivors did not feel compelled to answer the question but understood how it was an important part of exploring the client's level of risk. One interviewed stakeholder shared how they would begin by saying, "we ask all these questions because they give us an idea of the overall risk, but you don't have to answer anything you don't feel comfortable with. That's your right" (SH6).

Role of language

In addition to choosing the right timing to inquire about sexual harm, interviewed stakeholders were also conscious of the language they used. Terms such as rape, sexual assault and/or coercive control

were replaced with simpler, softer language that used examples, such as by explaining how sexual harm included being pressured into sex more often than desired or expected to participate in different, unwanted kinds of sexual acts. As one stakeholder explained: "When I conduct a MARAM and I ask a woman whether she's experienced sexual violence, I have to actually explain what that means and tell her that it means being coerced into sex when you don't want it, more often than you want it, and not just sex but sexual acts" (SH5). While all the workers interviewed for this project felt comfortable raising with their clients the existence of sexual harm, some had observed colleagues avoiding these conversations. This, they thought, might have been due to those workers own personal uneasiness when discussing sexual matters. The need for training for family violence workers specifically on how to comfortably broach topics of a sexual nature with clients was, consequently, strongly advocated.

"When I conduct a MARAM and I ask a woman whether she's experienced sexual violence, I have to actually explain what that means and tell her that it means being coerced into sex when you don't want it, more often than you want it, and not just sex but sexual acts." (SH5)

When sexual violence was disclosed early, it was often in circumstances where a distinct example could be referenced. When this did occur, interviewed stakeholders explained that they would offer victim survivors the opportunity to be referred to CASA and/or speak with the Sexual Offences and Child-abuse Investigation Teams (SOCITs). This included referrals just for an "options talk" (SH6) where the legal process would be explained by a member of a SOCIT but without an expectation that the victim survivor disclose the sexual harm. While some victim survivors engaged with these processes, most chose to remain focused on the practicalities of removing themselves from the violent situation and settling into their new lives. One victim survivor explained how, while she did disclose sexual harm early, this did not mean she was ready to discuss the matter further. Yet, in her case, she found herself on the receiving end of calls from psychologists offering to support her with the sexual harm while she was located in emergency housing, a time when it was impossible, and arguably harmful, to engage with discussions about her past trauma.

Issues of timing

For those whose experiences of sexual harm had been more insidious, a recognition of their victimisation was often delayed, arising when their understanding of sexual harm grew through worker-client interactions and/or memories being retriggered. Interviewed stakeholders argued that it was critical for relationships of trust to be built and safe spaces created for these realisations to surface.

The short-term nature of much family violence work, they claimed, acted as an impediment to this being achieved: "'the model of doing a short intervention for two seconds in family violence is never going to work, which is all they (the family violence sector) can provide … what service users in severe trauma need is someone very flexible in there for a reasonable amount of time, if not the long haul" (SH3). Some victim survivors responded to the time limit of the services they could access by requesting an extension of support, but this was not always easy to come by. In response, some were encouraged to reach out to an alternative service – a recommendation they often chose not to follow due to having to repeat their story again.

"'the model of doing a short intervention … in family violence is never going to work … what service users in severe trauma need is someone very flexible in there for a reasonable amount of time, if not the long haul." (SH3)

Waitlists and Delays

Also related to the issue of time was that when victim survivors did want to engage with therapy, the waitlist for accessing sexual assault services meant it could be up to three months before they received this support. Family violence workers spoke during interviews of how this delay prevented clients from seeking the therapy needed because "if someone's ready to talk, they are ready to talk about it now" (SH10). Family violence workers then became, in some circumstances, responsible for supporting victim survivors not only with their practical needs but also therapeutic care for the sexual harm, something that not all felt they were best suited for. Sexual assault workers were also concerned about the delays in victim survivors being able to access their specialist service and argued that the fact they had to also take on the outcome-driven family violence work prevented them from getting to provide the much-needed therapeutic care. Referring to a client who missed out on the therapy due to having to prioritise practical tasks, one sexual assault counsellor said the following during their interview: "she then had to go [leave the service] without learning her trauma symptoms and strategies and without being able to talk [about] sexual assault because we had to fill in this form and call Bunnings and call the agency and fill in the form again" (SH3). There was thus a strong recognition by both the family violence workers and sexual assault specialists that, while each of their areas of work involved significant crossover and thus should not be siloed, there was a need to recognise the specialist expertise of each field and ensure caseworkers could concentrate on the work they were most qualified to provide.

"if someone's ready to talk, they are ready to talk about it now." (SH10)

Victim survivor readiness

Often, it was months or years after victim survivors had departed the support system that they felt ready to address the sexual harm of their pasts. Sometimes an interest in reengaging with dating and intimacy caused the sexual trauma to resurface, thus prompting the victim survivor to seek out therapy for this to prepare for a new relationship. The challenge then became that these victim survivors were usually no longer engaged with services and not prioritised due to no longer being in crisis and classified at risk. As a result, unless they were able to easily reconnect with a worker or service, they would often take on this care themselves with mixed results. Many of the victim survivors shared how, at the time of interview, the ongoing trauma of their past sexual victimisation was being self-managed, without the support of a professional: "I sort of self-manage and self-counsel myself" (VS9). As another described: "I needed to build myself up to be ready to face what's required to heal. And a lot of that I did on my own" (VS3). Those who had engaged ongoing support for their sexual harm often organised and paid for this privately, with some having to discontinue this care due to costs incurred.

"I needed to build myself up to be ready to face what's required to heal. And a lot of that I did on my own." (VS3)

Support service inconsistencies and gaps

Reflecting on the support they received from specialist services, victim survivors argued that, while it was generally good, the quality of care offered by family violence providers was inconsistent. While some praised the professionalism of the caseworkers they engaged with, they simultaneously argued that receiving such care was not guaranteed for victim survivors and rather came down to luck (making it a "lottery": VS5). Concerns were also raised regarding how some services used funding. For instance, two victim survivors raised questions about how the flexible support package was managed by generalist welfare services. This was both in terms of how much funding made its way to victim survivors themselves and how much was retained by the service, as well as what items these services considered permissible under the program. In cases such as these funding decisions appeared influenced by expectations of what family violence victim survivors needed rather than being led by the individual on a case-by-case basis. For instance, while increased home security, new furniture and provision of food were welcomed, the prioritisation of spending money on these material goods meant that the benefits of investing in alternative forms of therapy (such as massage or treatments) was overlooked. As one victim survivor asserted, "It's not only making referrals to get support with material things like a washing machine... it's dealing through the

"It's not only making referrals to get support with material things like a washing machine... it's dealing through the grief." (VS9)

> "It took me time to open up ... so I completely healed from within. It's their [the counsellor's] support that has helped me change the trajectory of my life." (VS9)

grief" (VS9). Importantly, and in contrast to their mixed views of family violence services, specialised sexual assault services were viewed favourably by all the interviewees with arguments made for their further funding and increased accessibility. As another victim survivor described, "It took me time to open up ... so I completely healed from within. It's their [the counsellor's] support that has helped me change the trajectory of my life" (VS9).

Perspectives on co-located and collaborative models

Finally, both victim survivors and stakeholders were asked, during interviews, to share their thoughts on co-located, multidisciplinary and collaborative models of support. In principle most agreed that these approaches were justified, although some argued that they should not replace standalone models. As one interviewed stakeholder put it, "I think my response is that there needs to be both. I think there is something about resourcing and developing frameworks and models that do that collaborative, integrated care but then I think there is space and place for communities to define and respond to issues that are most important to them" (SH11).

When considering the effectiveness of these approaches, some questions were raised about how they operated currently. Both victim survivors and stakeholders held the opinion that co-location was of great value to those seeking help for family violence and sexual harm because, as one interviewed stakeholder put it, "we can take action when she is ready to take action" (SH4). Being able to literally walk a victim survivor to another service within the same building (or alternatively invite them into the consultation) was seen to, in some cases, both ease and speed up the referral process. It also reduced the need for victim survivors to repeat their story. In praising the 'one stop shop' model "where you can get things in one place", one victim survivor explained that "the hardest part is when you're telling your story or whatever to so many different people, it's very easy to overlook things" (VS2). A co-located model was seen as a solution to this concern. All these factors were considered therapeutically important along with the fact that co-located services were often housed in a building designed with victim survivors in mind (thereby involving spaces created to bring about a sense of safety and comfort).

> "the hardest part is when you're telling your story or whatever to so many different people, it's very easy to overlook things." (VS2)

Yet, co-location did not necessarily mean increased collaboration. In fact, some of the interviewed stakeholders expressed a strong sense of disappointment that working physically alongside other

services had not improved their working relationship. One interviewed stakeholder who had considered working in a co-located, multidisciplinary service to be their "dream", expressed the following: "I still haven't given up that hope, but it's not amazing as far I can see, I have to manage myself to not be so furious about how not effective it is yet" (SH3). The concerns this stakeholder held, which some others shared, were the limitations in how the services worked together. Wait times were seen as one of the key problems, along with barriers to accessing some services within the same facility (e.g. certain offices being made physically off limits to workers from other services).

Overall, when services made themselves available to one another and were committed to working in partnership, co-located and multidisciplinary models were considered ideal. Yet, hurdles still seemed to exist. While some argued that this was due to COVID, others claimed that the pandemic could no longer be used to explain why some services were less willing to engage collaboratively than others. The result was not only that some service partnerships were not considered productive, but that victim survivors became conscious of this, with one explaining how the process appeared "very confusing" and "messy" (VS11).

Experiences and service needs of victim survivors from diverse populations

> "So given my [cultural] background there has always been this cultural conditioning to believe that if there is family violence, the onus stays with the woman, that she would have done something to bring on her partner's wrath." (VS9)

In addition to highlighting common themes within victim survivor experiences, the interviews also underscored the unique needs of specific population groups, including how they faced particular, and often additional, barriers to accessing support. These groups included victim survivors who were from Aboriginal and Torres Strait Islander backgrounds; who were culturally and linguistically diverse (CALD); who had a disability; who lived rurally or regionally; and/or who identified as LGBTIQ+.

The role of shame

Two key emotional aspects which were underscored during discussions of the needs of these victim survivors were the role of shame and fear. While shame was spoken about in relation to almost all

victim survivors' experiences of co-occurring family violence and sexual harm, it was perceived as amplified for those from particular, and often marginalised, groups. For some women from CALD backgrounds, especially those who had migrated recently, disclosing sexual assault was actively avoided. One interviewed stakeholder explained how her CALD client chose not to discuss the post-separation assault which led to her pregnancy, even though the details involved indicated an incident of rape. Even for those CALD women who did seek help, the role of shame worked to intensify the difficulty of reaching out. Originating from India, one victim survivor who escaped a physically and sexually abusive arranged marriage, described the role of dishonour in the difficulties she faced in coming forward: "So given my Indian background there has always been this cultural conditioning to believe that if there is family violence, the onus stays with the woman, that she would have done something to bring on her partner's wrath" (VS9). The way in which victimisation could be framed by others as being caused due to the CALD woman's in/actions or, alternatively, were just par for the course for married women, created challenges not only for the women themselves but also support workers in providing assistance. Some spoke of how it created a situation in which the women wanted to remain in the marriage but for the violence to stop.

> "I notice a real fear in talking with police when there's sexual violence also occurring…there's often a reluctance to go to police and report…from the [cultural] community point of view." (SH6)

The role of fear

Importantly, for marginalised victim survivors, shame was often experienced alongside another emotion: fear. This was not only in terms of fear of retribution from the perpetrator or of "community thought" (SH2) but fear of the wider system. For CALD women this was frequently tied up with fears of deportation due to their temporary migration status, along with fear of authorities which had often been developed in their countries of origin. In fact, they were not alone regarding the latter. Histories of traumatic interactions with police, child protection and the justice system more broadly acted as significant, sometimes insurmountable, hurdles for many diverse victim survivors to gain support. For example, interviewed stakeholders spoke openly about the reluctance of Aboriginal and Torres Strait Islander women to make contact with justice agencies out of fear of being incorrectly identified as the perpetrator rather than the victim which could, consequently, lead to child removal and/or death in custody. Specialist services for LGBTIQ+ clients also spoke to their client's concerns about

> "many trans and gender diverse people are concerned about if they disclose an experience of childhood sexual assault that might be used as some kind of evidence for their trans gender identity - which is deeply offensive, it's deeply pathologising, it's dehumanising, it's harmful." (SH11)

engagements with authorities, especially police. In situations of sexual harm, trans and gender diverse clients were often reticent to raise these with police, especially when they had a history of child sexual abuse, out of fear that their victimisation would be used as an explanation for their sexual and/or gender identity. As one interviewed stakeholder, who specialised in LGBTIQ+ health, explained, "I know that many trans and gender diverse people are concerned about if they disclose an experience of childhood sexual assault that might be used as some kind of evidence for their trans gender identity - which is deeply offensive, it's deeply pathologising, it's dehumanising, it's harmful" (SH11). While some workers acknowledged that some positive progress had been made with some segments of the justice system in recent years, there was an agreement that until the institutions' racist, sexist, and homophobic underpinnings were completely undone, the reluctance of diverse victim survivors to seek assistance through these services would endure.

Client-led approaches

Engaging effectively with these groups thus often required family violence and sexual assault workers to employ an incremental, gentle, and client-led approach with one interviewed family violence worker sharing how successfully supporting a client with an intellectual disability occurred after embarking upon a "really long, soft journey with her" with the disclosure taking place months of "building that trust up" (SH6). Yet, the fact that family violence is often, by its very nature, an urgent matter, made it difficult for staff to work as slowly as they would sometimes like while also ensuring that their clients' immediate safety was upheld. Furthermore, the value of peer-based programs for providing support to these groups was emphasised, described as an expertise and specialisation (SH11) which allowed for a level of understanding, connection, and advocacy unavailable through mainstream services.

Logistical challenges

Hurdles faced by diverse population groups in need of support were not always due to the client's reluctance to reach out. In some circumstances, the client went to great efforts but found it difficult to gain this due to logistical issues, brought about by system gaps. Victim survivors living in rural communities, for instance, shared the difficulties of having a limited police service, available only during particular hours. Interviewed stakeholders who worked with clients who had a disability also raised concerns about service accessibility with one explaining how the requirement to call services acted as an impediment for those who were hearing impaired. For recently arrived migrant women there were difficulties involved in knowing even where to begin. Arriving from Pakistan under an arranged marriage, one woman

> "this town is the first town I ever lived in that…had a police station but no active police at all. I think they were there for three hours a week. It was quite intimidating, and especially when my boyfriend started to get violent." (VS1)

explained how she was isolated in the home, forced to be the domestic servant with limited food or clothing, and not even a phone to access the outside world. Completely cut off from family and friends back home and with no way to reach the police, she resorted to writing a note about her circumstances which she kept in her pocket in case someone came to the door.

Justice and legal needs of victim survivors of family violence and sexual harm

While victim survivors were generally positive about the support they received from family violence and sexual assault services, they frequently expressed concerns about their experiences with the justice system. Partly this related to their (in)ability to access justice but it was also frequently due to the interactions they had experienced with justice agencies and actors.

Perspectives on local police

As the justice agency who were usually the first port of call for victim survivors seeking help, police were viewed especially critically. Interviewed stakeholders raised concerns regarding treatment of victim survivors by certain branches of police. From a worker perspective, stark contrast could be seen between police based at stations (often described as uniform cops) and those who specialised in sexual assault – the Victoria Police *Sexual Offences and Child-abuse Investigation Teams* (SOCITs). Reaching out to local police for assistance, either for family violence or sexual assault matters, took great courage with many victim survivors expressing reluctance to take such steps. According to interviewed workers, the clinical setting of a regular police station was one barrier to victim survivor help-seeking along with their fear of what the repercussions for the perpetrator would involve. As explained by an interviewed family violence worker who used to work for the police,

> "there's a lot of fear around going into a police station, not knowing who's going to take a report or who they're going to speak to, the confronting scene of actually speaking to someone in uniform, and initially that's what happens. They need to go into a police station, speak to someone in uniform, who may or may not be female, where most of our clients are female, and it's really confronting and really anxiety provoking for them" (SH5).

In those cases where victim survivors requested assistance from local police, the responses received were viewed as substandard. Some interviewed stakeholders suggested that communication between police and victim survivors and/or caseworkers was notably lacking, especially after the initial report had been made: "Often, I will send a police officer an email and I won't get a response for a week or two. They're not on leave, there's no reason for it, but I won't get a response" (SH5). Issues such as poor communication from police whilst undesirable and an area in need of improvement was unlikely to have a long-lasting, damaging effect on victim survivors. Conversely, it

was in those cases where the victim survivor themselves was misidentified as the perpetrator where decisions by local police was seen to produce ongoing harm. For one victim survivor who lived rurally, an incident of family violence led to her being classified as the offender:

> "I called 000 and six police officers arrived. There was an order in place that made him excluded from the home … So I had a right to be there and he did not. Six police officers arrived, the main one went inside, talked to my ex for about 10 minutes, came out and I was removed. And I was forced into homelessness for six months during COVID" (VS1).

As argued by one of the caseworkers interviewed, it only took a couple of examples such as these in small communities for victim survivors to avoid engaging with police altogether.

Perspectives on specialist police sexual offence responses

While experiences with local police were rarely positive, with some stakeholders highlighting particular police stations of concern, these could be contrasted with how the Victoria Police SOCITs members were viewed. Other than one interviewed stakeholder who expressed concerns about how a SOCIT member questioned a victim survivor, both family violence and sexual assault workers were generally impressed with how these specialised officers engaged with victim survivors: "SOCIT has been very supportive to speak with the women and I think that gives them a voice and an avenue to take action" (SH4).

"SOCIT has been very supportive to speak with the women and I think that gives them a voice and an avenue to take action." (SH4)

Supportive, specialised and victim-centred policing by SOCITs did not necessarily result in perpetrators being held accountable, however. While victim survivors shared with their support workers that they wanted police to interview the offender and inform them of their wrongdoing, many were apprehensive about taking this any further. Prosecution was thus not a common goal of victim survivors of co-occurring family violence and sexual harm. Even in those instances where victim survivors were willing to proceed with prosecution, this did not always eventuate. Sometimes evidence was not considered sufficient to warrant a conviction and, in other cases, victim survivors were seen as unreliable witnesses. Furthermore, occasionally cases which even SOCITs police themselves considered to be evidentially strong did not proceed, halted by decisions made by police in superior positions. When this occurred not only was the outcome disappointing, but it also led to victim survivor distrust of the justice system generally.

Perspectives on lawyers

Interviewed stakeholders and victim survivors had less to say about the services received from lawyers, despite the fundamental role they hold within the justice system. When they did, however, the common view was that lawyers specialising and skilled in family violence offered better support to victim survivors than private lawyers who worked across various areas of law. Comments such as these were largely made in relation to family law practitioners but occasionally referred to public prosecution lawyers in criminal proceedings.

> "the ideal world would be the lawyer having a good understanding of what it's like to be a victim of past family violence and the impact it has." (SH8)

As argued by one interviewed stakeholder, "the ideal world would be the lawyer having a good understanding of what it's like to be a victim of past family violence and the impact it has" (SH8). Not only did a lack of specialisation affect the quality of services offered but the fast-paced nature of private legal practice meant these lawyers were "very rushed" causing victims to "feel like they're not being listened to" (SH7). From a victim survivor perspective, the priority of lawyers such as these was not to understand the victim survivors' circumstances or advocate for their rights but rather to perpetuate situations of conflict in order to generate more fees. In the words of one victim survivor, the lawyer was described as "useless", explaining further that "I don't think she [lawyer] believed me, and I think she actually worked against my best interests" (VS8).

Overarching justice system inadequacies

Some of the concerns held about lawyers could be seen to reflect those held by caseworkers and victim survivors about the adequacy of the justice system overall. The way in which the justice system centred around, and in some instances furthered, conflict between parties, worked against the preferences of many victim survivors. While there was a hope that the justice system would hold perpetrators accountable for the family violence and sexual harm inflicted, not all victim survivors wanted this to result in imprisonment, and even for those who did, this was often viewed as less important than their desire to be fully heard within a justice setting. One interviewed stakeholder explained this as follows:

> "I don't think she [lawyer] believed me, and I think she actually worked against my best interests." (VS8)

> "I know that people feel a bit vindicated by being able to just tell their story in a public setting to a judge and where judges publicly remanding the other person can help people feel heard. That doesn't always happen. When that does happen, that's a good outcome, whether the person is sent to jail or not" (SH7).

Yet, the legal system was viewed as largely incapable of offering victim survivors a space to seek justice through the telling of their stories and the condemning of perpetrators' acts. One reason offered for this limitation was the system's strong evidentiary focus. There was an awareness by both victim survivors and stakeholders alike that successfully demonstrating sexual assault within an intimate partner setting was difficult to achieve in a system which relied heavily on the production of evidence. In fact, while some victim survivors spoke of wanting to include evidence of sexual harm in their applications for intervention orders, this was not always supported. One victim survivor explained how their lawyer had advised against including incidents of sexual harm in the application because they were more difficult to prove and could, consequently, damage their case. Even when very strong evidence existed such as that which was visual in form (photographs and videos), victim survivors were discouraged from proceeding further if there were any elements of doubt. In the words of one victim survivor who actually possessed such proof, "they [the prosecutors] believe me, but they are like "when it comes to the law, you have to make it very black and white", and I think in a relationship with sexual assault, there is no black and white, and it's your word against theirs" (VS8). Overall, the justice system was viewed as "patchy" (SH9) with successful prosecution for sexual harm considered difficult to achieve and most victims/survivors' preferring to turn their attention to other legal matters which they considered of greater importance, mostly intervention orders and child custody arrangements.

"they [the prosecutors] believe me, but they are like "when it comes to the law, you have to make it very black and white", and I think in a relationship with sexual assault, there is no black and white, and it's your word against theirs." (VS8)

When reflecting on the justice system as a whole, victim survivors often viewed it through a lens of distrust, as something they had to engage with, but which ultimately was failing them and another tool of victimisation and abuse. A question asked by one victim survivor highlighted the incompatibility of the justice system in meeting victim survivors needs, especially if it continues to follow its adversarial traditions:

> "If you look at the job of a barrister, it's all gaslighting … how are we supposed to have a fair and reasonable system when it's all based on gaslighting and changing perceptions and changing realities and manipulating? Like, how, there's no ethical or moral code in that" (VS3).

Stage III: Quantitative Survey

Nature of sexual harm within a family violence context

Most surveyed stakeholders (90%) responded that, in their professional experience, victim survivors of family violence also experience sexual harm from the same perpetrator 'most of the time' (65%) or 'about half the time' (25%). Only 3% indicated that co-occurrence of family violence and sexual harm from the same perpetrator was rarely an issue (see Figure 4). Stakeholders also reported that victim survivors' experiences of family violence and sexual harm often involves physical, verbal, and emotional pressure/coercion to participate in unwanted sex acts. Threats to sexually harm victims and other family members, and technology facilitated sexual harm/image-based abuse (e.g., creating and sharing nude or sexual photos and/or videos without the victim's expressed permission) were also present, but less commonly reported as a feature of sexual harm in family violence contexts (see Figure 5 below).

Figure 4: How often would you say victim survivors of family violence have also experienced sexual harm from the same perpetrator? (% agree)

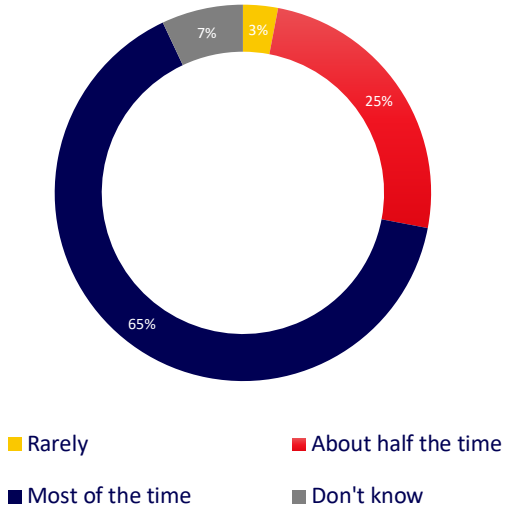
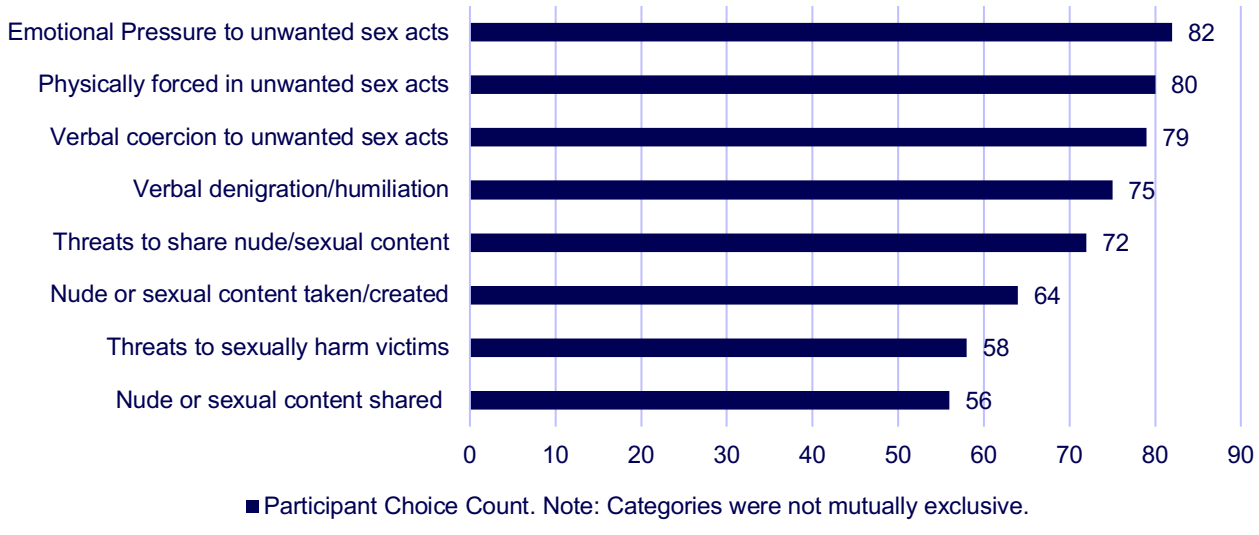


Figure 5: Features of Sexual Harm in Family Violence



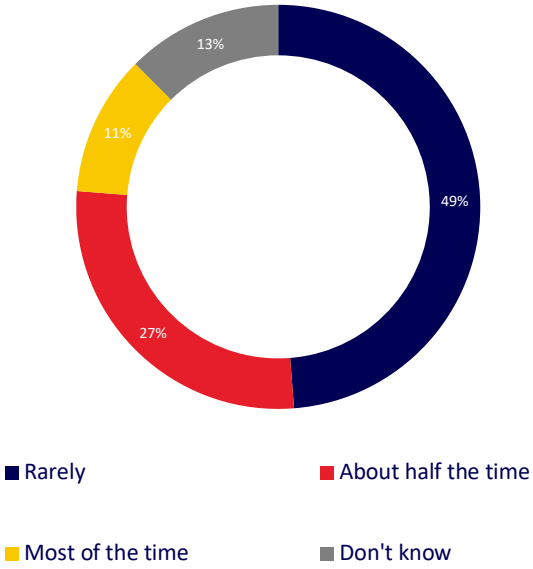
Sexual harm presentation

Surveyed stakeholders indicated that sexual harm comes to their professional attention in a myriad of ways: through unprompted disclosures from victim survivors (64%), by directly asking the victim survivor (61%), through MARAM questions (51%), through referral and information sharing from internal services (53%) and external services (60%), as well as through other means (13%), such as through drafting legal documents, pattern and history checks through databases, or through information from the perpetrator.

Meeting the support needs of victim survivors

Survey responses indicated that organisations are more often able to meet the immediate support needs of victim survivors with co-occurring family violence and sexual harm compared to their long-term needs. For example, 72% of stakeholders indicated that their organisation can meet the immediate support needs of victim survivors about most or half of the time, compared to 58% for longer-term needs. Additionally, just over 1 in 4 stakeholders (n= 25) indicated that their organisation rarely meets the longer-term support needs of victim survivors with co-occurring family violence and sexual harm.

Figure 6: Victim survivor's long term support needs are met, % agree



These findings were reiterated later in the survey when 1 in 2 stakeholders (n= 39, out of 80) indicated that victims' longer-term support needs in response to sexual harm that occurs in the context of family violence are rarely met (see Figure 6).

Adequacy of responses to co-occurring family and sexual harm in Victoria

Stakeholders were asked to indicate their views on the adequacy of responses to co-occurring family and sexual harm in Victoria. As can be seen in Table 1 (below), stakeholders perceived that family law processes, police, courts and governments rarely recognise the seriousness of co-occurring family and sexual harm. They also perceive that perpetrators are rarely held accountable through programs to support behaviour change and/or through criminal justice responses. Indeed, no

respondents said that perpetrators are held accountable for sexual violence in intimate or family relationships through criminal justice responses 'most of the time.'

Table 1: Adequacy of responses to co-occurring family violence and sexual harm				
Participant responses	Don't know	Rarely	Half the time	Most of the time
Victims are well-supported through Orange Door co-located services	19	22	29	10
Victims are well-supported through specialist family violence services	9	11	33	27
Victims are well-supported through specialist sexual assault services	13	10	23	34
Family law processes recognise the seriousness of sexual violence that occurs in intimate or family relationships	12	47	19	2
Police recognise the seriousness of sexual violence that occurs in intimate or family relationships	7	32	29	12
Courts recognise the seriousness of sexual violence that occurs in intimate or family relationships	10	40	24	6
Perpetrators are held accountable for sexual violence in intimate or family relationships through criminal justice responses	7	59	14	0
Perpetrators are held accountable for sexual violence in intimate or family relationships through programs to support behaviour change	15	49	13	3
Governments recognise the seriousness of co-occurring family and sexual violence	8	41	25	6

Note. Calculations based on complete responses (n=80). Shown are the number of responses for each category.

The majority of surveyed stakeholders perceived that victims are well supported by specialist family violence services about half (41%) or most of the time (34%) and specialist sexual assault services about half (29%) or most of the time (42%).

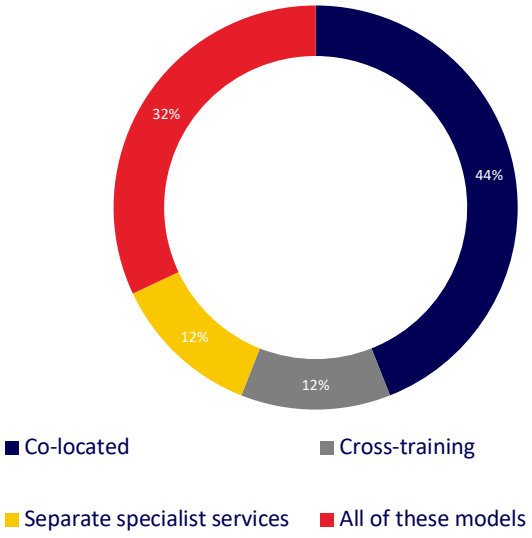
Service models for responding to co-occurring family and sexual violence

Stakeholders were asked to rate how effective they perceived different service models for responding to co-occurring family and sexual violence. Survey results indicated the most support for a co-located centre/organisation, with specialist workers in both family and sexual violence working on-site together to facilitate direct referral and client handover between services; 47% perceived this model as very effective. Stakeholders also saw value in a cross-training model, where separate specialist family violence and sexual violence workers both receive professional development to respond to

either family or sexual violence as it is disclosed in the course of their work; 43% viewed this model as very effective.

There was still support for separate family violence and sexual violence services, with established information sharing and referral pathways to facilitate identification and referral between services where appropriate; 26% perceived this model as very effective. Additionally, when asked to choose one model to guide future sector development, the most common selection from surveyed stakeholders was a co-located model (44%), followed by cross-training (12%) and separate specialist models (12%), although 32% of stakeholders selected 'all of these models' indicating value in all three (see Figure 7).

Figure 7: Response model preference (% agree)



Confidence in responding to co-occurring family and sexual violence

Stakeholders were asked to rate their level of confidence regarding their current knowledge and skills in responding to co-occurring family and sexual violence. The top five survey items stakeholders were 'very confident' about were: Referral options for women experiencing co-occurring family and sexual violence (55); Responding to disclosures of sexual violence within family violence (54); Assessing risk for women experiencing co-occurring family and sexual violence (54); Recognising the signs of co-occurring family and sexual violence (52); and Understanding of intervention order provisions that can address co-occurring family and sexual violence (47, see Table 2 below).

Table 2: Confidence in knowledge and skills in response to co-occurring family violence and sexual harm

	Don't know	Not at all confident	Somewhat confident	Very confident
Recognising the signs	2	3	22	52
Responding to disclosures	2	1	22	54
Understanding of criminal laws	3	11	41	24
Understanding of intervention order provisions	3	6	22	47
How to collect evidence and document	2	6	35	36
Assessing risk for victim survivors	2	6	17	54
Practical safety planning for victim survivors	2	7	25	44
Referral options for victim survivors	2	4	18	55

Addressing specific needs of victim survivors with a disability	2	16	39	22
Addressing specific needs of Aboriginal and/or Torres Strait Islander victim survivors	2	16	46	15
Addressing specific needs of LGBTIQ+ victims	2	16	38	23
Addressing specific needs of culturally and linguistically diverse victims	3	13	41	22
Addressing specific needs of older victims	2	14	43	20
Working with perpetrators	3	37	21	18
Working with children and young people impacted	2	14	38	25

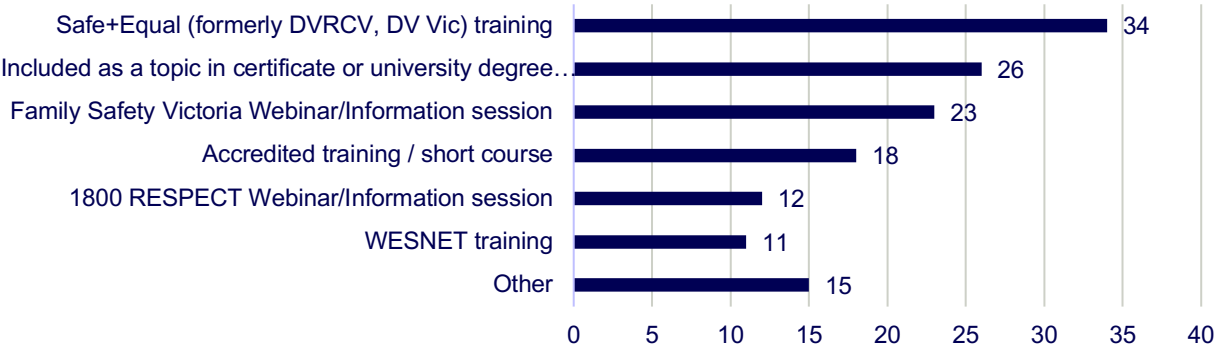
Note. Calculations based on complete responses (n=79). Shown are the number of responses for each category.

Stakeholders were less confident in addressing the specific needs of women with a disability, Aboriginal and/or Torres Strait Islander victims, culturally and linguistically diverse (CALD) victims, LGBTIQ+ victims, older victims, as well as children and young people impacted by co-occurring family and sexual violence. Surveyed stakeholders were least confident about working with perpetrators of co-occurring family and sexual violence, with 37% selecting 'not at all confident' and only 18% selecting 'very confident.'

Training and professional development needs

Stakeholders indicated a range of specific training, education or professional development they had received in relation to sexual violence that occurs within family violence. As can be seen in Figure 8 the most common form of training was a professional development workshop or webinar.

Figure 8: Forms of training and professional development already received



Note. Figure 8 depicts number of responses. Column totals may not equal number of respondents as participants could select more than one category.

Those who selected 'other' described activities such as the Victoria Police Sexual Offences and Child Abuse Investigation Teams (SOCITs) Course, CASA training, conference attendance and academic reading. Additionally, in response to an open text question, at least five stakeholders said that they had received no training (e.g., "none", "not a lot", "none specifically"), and one indicated they had undertaken their own research to help with their area of specialisation. Stakeholders were asked what, if any, methods of training, education and/or resources they would like to see developed to support sector workers in responding to co-occurring family and sexual violence. Table 3 depicts the number of participant's responses. Please note that participants could select more than one category.

Table 3: Preferred methods of additional training, education and resources to address co-occurring family violence and sexual harm

	Choice count
Inclusion of co-occurring family and sexual violence training in social work, psychology, human services, and related degree qualifications	59
1-to-2-hour workshops delivered in service/in the workplace	54
Recognised/accredited professional development courses and/or short training courses	53
Online webinars	51
Quick-fact sheets and/or downloadable 'how to guides'	48
Short video explainers	36
Formal higher education specialist qualifications, such as Certificate, Undergraduate or Postgraduate Certificate	29

One surveyed stakeholder commented that workshops need to be longer than 1 hour, preferencing 2 to 3 hours at minimum. Other responses suggested secondary consultations with CASA and other specialist services; peer-led models, and programs like 'Wisdom in Practice' (developed by Geraldine Bilston) which involves reverse mentoring and learning from victim survivor advocates.

One surveyed stakeholder also suggested that all family violence workers should be trained in separate screening and/or an identification tool regarding sexual violence, "so we're better at recognising the signs and talking about it more confidently with clients, and then confidently being able to refer them to a specialist service." Another commented that the family and sexual violence sector needs a more solid understanding of gender inequality, and the systems approaches to shifting power structures, "so that we understand sexual violence as being permitted and enabled by the broader culture and systems of structures in which we exist; this is not an individual's issue, it is a whole of society issue." Finally, one stakeholder emphasised that courses need to recognise that the workforce is often female, young, and parents who may not have the

> "funding and paid study leave need to be factored into any [workforce] strategy."
> (surveyed stakeholder)

means or time for continuing education: “funding and paid study leave need to be factored into any [workforce] strategy” (surveyed stakeholder).

Features of effective practice

In describing how to effectively support victim survivors of family and sexual violence, survey respondents tended to refer to best practice principles such as being trauma informed, client centred, client led, and strengths based. They also frequently highlighted how validating victim survivors’ experiences through processes of active listening, patience, sensitivity, and the creation of safe spaces were all necessary for clients to disclose the harm they had experienced and feel supported in their efforts to exit the violent relationship. Yet, it was also made clear that, to be effective, practitioners needed to look beyond the crisis response and ensure that the healing and recovery of victim survivors was prioritised. This required a commitment on behalf of practitioners to listen to victim survivors’ experiences in full and ensure they felt truly heard but, equally, support their attempts to seek justice for the violence inflicted. Family violence and sexual assault workers thus saw their roles as not only about assisting women to be reach a state of safety and help them heal, but also support their navigation of a complex justice system where perpetrators were rarely held responsible for the harm caused.

Best practice in effectively supporting victim survivors of family violence and sexual harm include principles such as being trauma informed, client centred, client led, and strengths based.

On the whole, survey respondents were clear in what was needed to provide quality support for victim survivors of co-occurring sexual and family violence. Yet, they also spoke of the challenges involved in bringing these goals to fruition. Concerns around delays within the system and how these impacted the ability of practitioners to serve their clients were raised with one survey respondent describing effective practice as “a system that can adequately respond in a timely manner”. The desire to listen to clients and support them on their journeys of healing were thus considered compromised by a system that was overloaded.

A number of practitioners argued for the postponement of therapy for sexual harm until after other matters had been resolved (such as housing and court cases) when the victim was considered to be “by definition, therapeutically ready”. Yet others argued that this was not always realistic. Some victim survivors, such as those affected by flashbacks, sought support for sexual harm much earlier on in the process. In these cases, family violence workers without a sexual violence specialisation frequently found themselves responsible for attending to the victims’ sexual harm as an “urgent need”. As a consequence, specialised training of family violence workers for supporting victim survivors of sexual harm was frequently called for. And indeed, it was circumstances such as these

which led a number of survey respondents to consider collaborative or co-located models to be the epitome of effective practice, especially when involving sexual assault workers and/or a SOCIT being on site.

Additional considerations

Underpinning the views of survey respondents was a key theme, this being the under-resourced nature of the family violence and sexual assault sectors. While there was general support for creating opportunities for greater collaboration between organisations working with victim survivors of co-occurring family violence and sexual harm, this was considered secondary to the more pressing concern, this being how to address staff turnover and current service wait times.

When it came to questions of service coordination, answers seemed to swing between increasing collaboration, such as through co-located service models, and maintaining service specialisation. While basing family violence and sexual assault services together (along with other relevant agencies such as the SOCITs and child protection) was considered beneficial for clients in how it reduced their need to retell their stories, there were concerns regarding impacts on response" where the therapeutic, trauma-informed response to sexual harm, such as through specialised counselling, could become under-prioritised. Sexual assault services also pointed out how sexual harm does not only occur within the family violence context so that "it is important that sexual assault services are not subsumed by family violence" (surveyed stakeholder).

"it is important that sexual assault services are not subsumed by family violence." (surveyed stakeholder)

Training family violence workers on how to better support the therapeutic needs of clients was frequently recommended but this was not seen as a way to replace what sexual assault services offered. Rather it was suggested as a strategy for providing victim survivors of co-occurring family violence and sexual harm with the support they needed while waiting for specialised care. While one solution offered was to train workers in co-occurring family violence and sexual harm as a specific area of expertise, this was seen as an option requiring deep consideration, especially since it would mean that, for these workers, there would be "a lot to hold". In the following section, we draw together the main themes from the findings across all three stages of the research and discuss the implications of these for improvement in responding to family violence and sexual harm.

Discussion and Implications

When considered together, the qualitative victim survivor and stakeholder interviews, and larger stakeholder survey, highlighted important information for understanding and guiding responses to co-occurring family violence and sexual harm in Victoria. Here, we triangulate and discuss the findings

and implications under the following sub-headings: (I) Lived experience and support needs of victim survivors; (II) Collaboration between family violence and sexual assault sectors; and (III) Service gaps, training, and development needs. Within these sub-headings, we discuss key barriers and features of effective practice.

Lived experience and support needs of victim survivors

Both victim survivors and stakeholders emphasised that sexual harm in the context of family violence encompasses a range of acts including rape, sexual assault, sexual harassment, image-based abuse, control of sexual health decision-making, and other unwanted sexual behaviour as described at the outset of this research. Yet interviews with victim survivors further described experiences such as sexual taunts and threats, compliant sexual acts to placate a partner and/or prevent other forms of abuse, and reproductive control (such as through forced pregnancies and/or denial of reproductive healthcare). In line with previous Australian and international research (Bagwell-Gray et al. 2015; Tarzia 2015), it was evident that sexual consent is often blurred in family violence contexts, and a victim survivor's ability to freely agree to sexual acts may be compromised by other victimisation experiences.

Victim survivors may take time to self-identify or to disclose sexual harm that they've experienced within family violence.

Victim survivors may take time to self-identify or to disclose sexual harm that they've experienced within family violence. For some, sexual harm remains taboo and is difficult to talk about. For others, significant trauma associated with sexual harm may be overwhelming to confront while they are also facing immediate safety needs in response to family violence. In this research, some minority and marginalised women, described shame and fear that made it difficult to disclose sexual harm, especially if they had histories of negative experiences with police, child protection and other systems (e.g., fear of deportation, child removal, being misidentified as the perpetrator). Additionally, disclosures of sexual harm need to be approached sensitively and carefully by services. As is reflected in prior research (e.g., White et al. 2019; Zweig and Burt 2007), the findings here described effective responses to disclosures as encompassing principles of trauma-informed practice such as building trust and rapport, believing victim survivors, allowing them to tell their story, and not judging or labelling their experience.

Effective responses to disclosures reflect principles of trauma-informed practice such as building trust and rapport, believing victim survivors, allowing them to tell their story, and not judging or labelling their experience.

The findings indicate that narrow definitions of sexual harm, such as "rape" or "forced sex", fail to capture the diversity of behaviours which constitute sexual harm within a family violence context.

Using narrow definitions may have implications for identifying sexual harm within risk assessment and screening tools (e.g., the Family Violence Multi-Agency Risk Assessment and Management [MARAM] Framework). For instance, considering the challenges victim survivors face in identifying and disclosing sexual harm in a family violence context (including those acts that pose a risk to their ongoing safety) it is important to consider the consequences of using such narrow framings of sexual harm, including that it may result in not all evidence of risk being obtained. This reflects the views of stakeholders who spoke of the need to provide broad definitions and explanations to identify sexually harmful experiences more accurately in order to effectively assess risk while also identifying referral pathways for support and achieving justice. As such, in addition to continued training to support family violence workers' administering of comprehensive risk assessments under MARAM; training and tools may be needed to support screening and referral to specialist services for sexual harm.

Building on previous studies (Barker et al. 2019; Seyller et al. 2016; Tarzia 2021), this research also found various short-term and long-term impacts of co-occurring family violence and sexual harm on victim survivors. These included mental health impacts (e.g. depression, anxiety and post-traumatic stress disorder); physical reactions to the trauma (e.g. eating and sleeping disorders as well as obsessive compulsiveness); relationship difficulties (e.g. loss of social support and reluctance to enter new intimate or sexual relationships); and in some cases physical illnesses, disease and/or lasting injuries (e.g. sexual and reproductive health impacts, long-term effects of strangulation).

Training and tools may be needed to support family violence workers to screen more effectively for sexual harm and refer to specialist services.

Both the interviews and survey results emphasised that support for these impacts should be long term, specialised, and comprehensive. Yet there was agreement that victim survivors' short-term needs are often prioritised over their longer-term support needs. Victim survivor accounts of help seeking revealed a system which operated at a different pace to their own recovery process. While the family violence sector was crisis driven with a focus on risk and immediate support needs (e.g., housing), victim survivors of family violence involving sexual harm often needed greater time to both identify their victimisation and reach the point of readiness for therapeutic care. At the time of the research, this support was largely lacking for victim survivors of co-occurring family and sexual harm, with key barriers including waitlists and delays in receiving counselling and specialist sexual assault support, and restrictions on eligibility for those who were no longer considered in crisis or at risk. It is clear that resources are urgently needed to reduce waitlists and increase capacity for specialist sexual assault counselling

Resources are urgently needed to reduce waitlists and increase capacity for specialist sexual violence counselling services and longer-term psychological therapeutic support options.

services and for longer-term psychological and therapeutic support options for victim survivors of family violence.

Collaboration between family violence and sexual assault sectors

The role of co-located, multi-disciplinary and collaborative services was also raised during both the qualitative and quantitative stages of the research project. Consistent with previous research (e.g., Rizo et al. 2022) there was support among stakeholders for co-located models to address co-occurring family violence and sexual harm. While in principle these models were strongly advocated for by stakeholders, interview comments and survey responses made clear that there were questions around model implementation. Generally, research participants endorsed the continuation and expansion of these approaches, but it came with a caveat. Both interviewees and survey respondents made clear that collaboration should not be in name only; co-location did not in and of itself equate with greater collaboration. Research participants also wished to make it clear that while they backed the existence and extension of collaborative models, this support should not be read as seeking the end of standalone services. Rather, the research found that both models – those that were collaborative and those that operated, for the most part, independently – should co-exist. Not only was this considered necessary to offer a diversity of options for victim survivors and their various needs, but the research also found there to be benefits attached to specialist services retaining their expertise.

Furthermore, this research found that there needs to be greater recognition in policy and service delivery models that crisis support in response to family violence is not a replacement for therapeutic or counselling support for sexual harm or vice versa. These are specialist skill sets, and while some workers may be trained to deliver both these support needs, they require adequate funding, case load management, and service periods, regardless of whether they are delivered in co-located or coordinated service models.

Service gaps, training, and development needs

The interviews and survey responses identified several pressing areas for future development. Firstly, the findings add to the growing body of research that shows the criminal legal system is not meeting the needs of victim survivors of co-occurring family violence and sexual harm (e.g., Bright et al. 2021; Spohn and Tellis 2012). For those victim survivors who sought justice responses, many described feeling that they were not believed, that their case was not treated seriously, and that there was no recognition of the additional and lasting harm of sexual harm in the context of the family violence that they had experienced. Police were seen by both interviewees and survey

Many victim survivors described feeling that they were not believed, that their case was not treated seriously, and that there was no recognition of the additional and lasting harm.

respondents as an agency requiring further training in order to respond appropriately and effectively to the needs of victim survivors of co-occurring family and sexual harm. This was especially the case for police based at local stations who tended to be the first responders to victim survivors' requests for assistance. Considering the recent establishment of Victoria Police's Family Violence Centre for Learning (Victorian Government 2020), it may be worth considering how findings from this report can be built into educational programs which this Centre offers.

In contrast to uniformed police, the SOCIT teams were largely seen by research participants as professional, victim-centred and trauma-informed, with this perhaps reflecting the mandatory training on sex offending and family violence which these members receive. Yet, gaining access to this branch of the police organisation could prove difficult and the SOCITs' ability to prosecute matters could be constrained by evidentiary standards and other systemic pressures.

Lawyers and child protective services were also perceived as needing further training on co-occurring family violence and sexual harm. Regarding both groups, specialist knowledge and skills in working with victim survivors of co-occurring family and sexual harm was found to underpin whether their work was viewed favourably or not. In family law contexts, victim survivors described the consequences of their abuse histories being overlooked, with parenting orders often compelling interactions between victims and perpetrators, causing further trauma.

In general, the interviewees and survey respondents assessed the patchiness of legal responses as reflective of a system that frequently failed to fulfil victim survivors' justice needs. The research found that, because of the system's limitations, it was frequently viewed through a lens of distrust. This resulted in stakeholders and victim survivors being united in their call for a broader cultural shift within the justice system whereby the needs and goals of victim survivors would become more central to its underpinnings. Overall, there is a need for greater awareness by police, mediators, judiciary, and other legal professionals, of how legal processes and decisions can cause further trauma for victim survivors of family violence and sexual harm.

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Secondly, both the qualitative and quantitative research found that victim survivors of co-occurring family and sexual harm from minority and marginalised backgrounds had unique support needs. Victim survivors who were of Aboriginal and Torres Strait Islander backgrounds; were culturally and

linguistically diverse (CALD); had a disability; lived rurally or regionally; and/or who identified as LGBTIQ+ were found to face additional barriers to accessing support. They also were seen as less likely to access justice (see also Langton et al. 2020). Interviewees and survey respondents argued that these groups required tailored assistance from both the support and justice sectors, often in the form of client-led approaches, with specialist and ideally peer-based programs being preferred. While this finding demonstrated the need for specialist services, it equally pointed to the importance of providing training to stakeholders in how to work with these diverse populations, this being an area where survey respondents felt they required future training and professional development. Finally, in line with recent Australian research (Helps et al 2023), stakeholders in our research lacked confidence in working with perpetrators of co-occurring family violence and sexual harm and this was identified as an area for future training.

It was clear across the three stages of this research that workforce development requires a cross-sector strategy to improve responses to co-occurring family violence and sexual harm. There was consensus that many frontline workers (e.g., health workers, family violence workers, police, justice and legal workers) were in need of further training to better identify and respond to sexual harm within family violence contexts. Specialist sexual assault counsellors were frequently perceived as the gold standard for responding to sexual harm, yet it was repeatedly made clear they were often stretched to capacity. Most stakeholder participants appeared to agree that further baseline training for other frontline workers could help bridge the gap until victim survivors received specialised support. Therefore, cross-sector training was considered important, while upholding the importance of specialised sexual assault work (see also Hamilton and Tidmarsh 2022). When it came to modes of training, a host of options were welcomed by stakeholders (e.g., workshops, webinars, core content in undergraduate degrees). Overall, the findings suggest that further workforce development is required to improve service responses for victim survivors of family violence and sexual harm.

Specialist sexual assault counsellors were frequently perceived as the gold standard for responding to sexual harm, yet it was repeatedly made clear that they are stretched to capacity.

Research limitations

The restricted time and funding for the project meant that sample sizes were notably small and non-representative of the general Victorian population. Nevertheless, the project captured a diverse range of voices, both in terms of victim survivors' demographics and experiences, and stakeholders' professional histories and areas of expertise. While the data was complex and nuanced in several respects, it focused on adult victim survivors of intimate partner sexual harm and stakeholder perspectives in Victoria. Future research should expand nationwide to explore co-occurring family

violence and sexual harm involving other family members and relationships, as well as the perspectives of those who have perpetrated harm. While short term, exploratory studies, such as this one, are important for canvassing the key issues and highlighting areas for further investigation, more extensive research with a greater and/or representative sample is suggested for these to be fully examined and for generating evidence-based recommendations.

Summary of Key Implications

The discussion above identifies several key implications that need to be considered in future efforts to improve policy and practice for victim survivors of co-occurring family violence and sexual harm.

- Victim survivors may take time to self-identify or to disclose sexual harm that they have experienced within family violence. **When they do disclose, effective responses reflect principles of trauma-informed practice such as building trust and rapport, believing victim survivors, allowing them to tell their story, and not judging or labelling their experience.**
- Sector responses to family violence encompass crisis support work with victim survivors to enhance their safety which is different from the longer-term therapeutic or counselling support that might be needed in the aftermath of sexual harm. **Resources are urgently needed to reduce waitlists and increase capacity for specialist sexual violence counselling services and for longer-term psychological therapeutic support options for victim survivors of co-occurring family violence and sexual harm.**
- Some victim survivors of family violence will spend time in emergency housing services. **Consideration should be given to workforce development within refuge and supported accommodation to identify and respond to victim survivors of sexual harm. Cooperative service arrangements between family violence accommodation and specialist sexual harm counselling support could be enhanced.**
- Few victim survivors report their experiences of sexual harm from an intimate partner to police and those who do have found that the SOCITs were better equipped to respond to their needs. **Victoria Police responses to sexual harm in the context of family violence require greater training and practice guidance, especially for those who are non-specialists. These should focus on improving communication between police and victim survivors; coordination of police, family violence practitioners and other services; and victim-centred policing.**
- Both victim survivors and stakeholders described the legal system as largely incapable of ensuring justice for sexual harm perpetrated by intimate partners with criminal prosecution rarely occurring and, in the context of family law, victim survivors abuse

histories often being overlooked. **There is a need for greater awareness by police, mediators, judiciary and other legal professionals, of how legal processes and decisions can cause further trauma for victim survivors of family violence and sexual harm.**

- Many sector stakeholders described current gaps in their knowledge and confidence to respond to co-occurring family violence and sexual harm. **Workforce development activity is required to improve service responses supporting the needs of victim survivors such as inclusion of the intersections of family violence and sexual harm in formal education and qualifications; organisational in-service training opportunities on family violence and sexual harm; online webinars; tools and practice guides to further support cross-service referral and collaboration.**

Conclusion

Sexual harm in the context of family violence remains comparatively hidden and under-researched both within Australia and internationally. This research begins to address this important evidence gap. It has sought to expand the knowledge base with respect to both the nature of victim survivor experiences of co-occurring family violence and sexual harm, as well as supporting improvement in effective service delivery within the family violence and sexual assault sectors. In order to address this gap, the research presented in this report encompassed three stages. Stage I comprised qualitative interviews with Victorian victim survivors of family violence and sexual harm; Stage II comprised qualitative interviews with Victorian family and sexual violence sector stakeholders; and Stage III comprised a quantitative survey of family and sexual violence sector stakeholders. When considered together, the qualitative victim survivor and stakeholder interviews, and larger stakeholder survey, highlight several considerations for understanding and guiding responses to co-occurring family violence and sexual harm in Victoria. Overall, the findings demonstrate the importance of understanding and responding to the: lived experience and support needs of victim survivors of co-occurring family violence and sexual harm; need for improved collaboration between the family violence and sexual assault sectors; and gaps in services as well as workforce development and training to address co-occurring family violence and sexual harm.

The research reported here further highlights numerous barriers to effective responses to family violence and sexual harm. Among these key barriers are: lengthy waitlists and delays for short term support unless a victim survivor presented as an escalated risk; pressures on workforce due to high staff turnover; costs of private psychological therapy which are prohibitive for many victim survivors; logistical challenges (such as limited services and availability in rural communities); and lack of communication by police to victims and case workers. Family violence and sexual violence are also

often treated separately across the sector response, though there are some organisations within the sector that offer integrated services for victim survivors of both family violence and sexual assault. The findings of this research indicate there will continue to be a need for specialist sexual assault services to provide therapeutic responses to sexual harm – not all of which intersects directly with family violence. Likewise, sexual harm will not always be disclosed or identified within family violence risk assessment and crisis support – though many practitioners acknowledge that sexual harm is often present within family violence contexts.

Though there are different expertise, capabilities and responsibilities for Victorian practitioners within family violence and sexual assault services, there are also many common elements to effective and survivor centred practice. Indeed, in this research, victim survivors and sector stakeholders identified several key features of effective practice in responses to family violence and sexual harm. Among the key features identified were: trauma-informed, client-led and victim-centred approaches, as well as genuine collaboration between services. Participants further identified benefits to both short-term crisis support to facilitate safety and stability for victim survivors of family violence, as well as access to specialist therapeutic counselling to address ongoing trauma and mental health impacts of violence and abuse when a victim survivor was ready. Communication and collaboration between services was repeatedly emphasised to ensure that victim survivors were supported along their journey between different agencies within the services and justice sectors. Finally, both victim survivors and sector stakeholders highlighted the effectiveness of multiple service options to meet the support needs of victim survivors from a diversity of cultural, gender, sexuality, and other backgrounds. Though there are some benefits to co-located services, such as the Orange Door services for family violence and Multidisciplinary Centres for sexual assault, participants in this research indicated that these options were complimentary to and not a replacement for other specialist stand-alone services.

Overall, this research identifies several directions for improvement within the Victorian family violence and sexual assault sectors to ensure services are sufficiently resourced to respond in a timely way to the short-term crisis needs, legal and justice needs, and long-term therapeutic needs of victim survivors of family violence and sexual harm. Critical to this improvement is both adequate resourcing to reduce waitlists and capacity for therapeutic responses to family violence and sexual harm; as well as workforce development within the family violence and sexual assault sectors to improve understanding, identification, referral and service collaboration. The research reported here focused foremost on women's experiences as adult victim survivors of family violence and sexual harm. Future research could be expanded to consider the experiences and responses to family violence and sexual harm inclusive of children, young people and men. Though these findings reflect research conducted within Victoria, it is likely that many of the experiences and responses found here apply in other settings across Australia. Future research could also seek to broaden this knowledge base and inform

effective practice nationally. Ultimately, this research sought to understand the experiences and support needs of adult victim survivors of co-occurring family violence and sexual harm, and to inform development of more effective responses within Victoria. It is our hope that the courage and generosity of victim survivors' who have shared their experiences within this research will not go unacknowledged, but rather will directly contribute to improved responses to family violence and sexual harm.

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